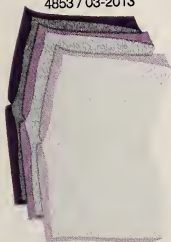


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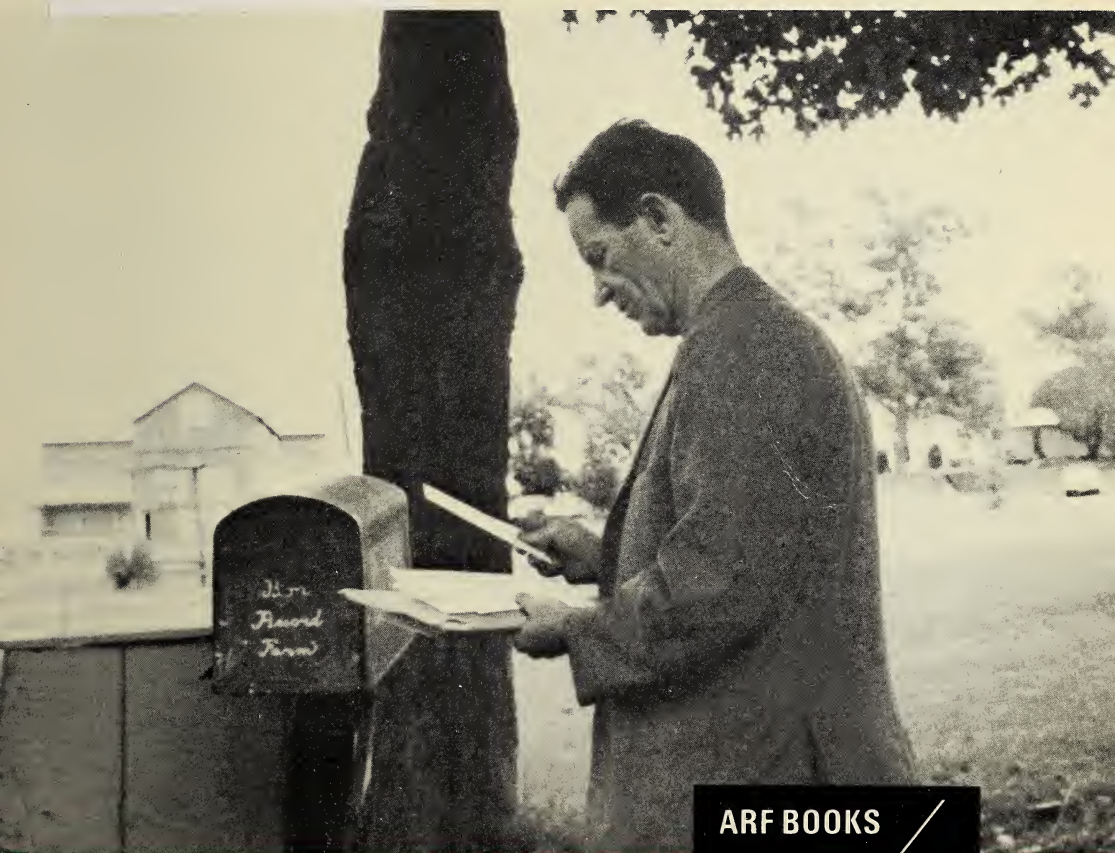
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Ascent from Skid Row

**The Bon Accord Community
1967-1973**

D. F. Collier and S. A. Somfay



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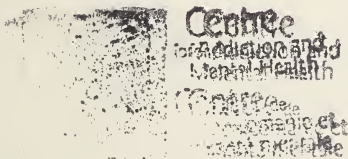
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Ascent from Skid Row



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Ascent from Skid Row

The Bon Accord Community 1967-1973

D. F. Collier and S. A. Somfay

Researcher and Program Consultant: Gustave Oki

PROGRAM REPORT SERIES No. 2



***ADDICTION RESEARCH FOUNDATION
OF ONTARIO***

Toronto, Canada

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Foreword

Many institutions and individuals have attempted to jam a wedge under the "revolving door" of arrest, incarceration, release and re-arrest which stamps the lifestyle of the chronic drunkenness offender. Bon Accord, through the application of democratic principles stressing individual responsibility and self-determination, is one of those attempts.

Bon Accord represents one of the efforts to find effective alternatives to the existing responses to the chronic drunkenness offender. Because it is partly a model designed to test hypotheses, it was designated as a pilot project.

As sponsors, then, of the Bon Accord experiment, the Foundation is proud to be associated with Bon Accord for a number of reasons.

First, as I believe this book demonstrates, Bon Accord has provided some public inebriates with a compelling opportunity to take part in a community counter to, and more personally and socially productive than, the one they left on skid row. If one thing comes through loud and clear in the pages that follow, it is that those involved as participants in the Bon Accord community have engaged in a serious, and at times agonizing, struggle to come to grips with values, responsibilities, and a sense of personal direction from which they have been alienated for years.

Second, it is equally clear that the Bon Accord program has added a new and important dimension to the cost-benefit statistics on treatment and rehabilitation services for the chronic drunkenness offender. It has convincingly demonstrated that such a residential program can break long-ingrained personal and social habits destructive to individual well-being. Bon Accord has also proven that it is at least possible to turn some socially alienated individuals suffering from an excessive dependence on alcohol into integrated, functioning persons, capable of accepting responsibility for themselves and those around them. The implications of this for the cost of health care delivery systems in the field of alcoholism are, it seems to me, profound. It suggests that even with the most deteriorated alcoholic, programs can be designed which will have a reasonable chance of resulting in successful rehabilitation.

In the community in which it is located, and indeed in many adjacent communities, Bon Accord has served a positive educational function. It has helped to make public drunkenness an issue of humane concern and adequate budgetary support rather than simply a question of "cleaning up the streets."

Finally, in my view a particularly significant aspect of the Bon Accord program is the links it has with values and objects Canadians revere. It is very difficult for anyone not to appreciate a craftsman who can restore an early piece of Canadian furniture or produce an authentic reproduction. More and more, Canadians are coming to cherish their past; the work activities at Bon Accord permit them to cherish it more fully.

Other programs for chronic drunkenness offenders would do well to give consideration to linking specific training or rehabilitation activities with values and items that have a high standing in the public eye, such as is the case at Bon Accord.

H. J. Schankula
Director of Administration
Addiction Research Foundation
Toronto

Preface

Bon Accord is a community for public inebriates, also called "chronic drunkenness offenders," "homeless alcoholics" or "skid row drunks."

It was established as a pilot project in 1967 by the Addiction Research Foundation of the Province of Ontario. Previously, the Foundation, at the request of the attorney-general, had conducted an extensive study of public inebriates and the various systems involving them. The study recommended that the public-order system be replaced by a public-health system which would consist of a number of component parts or stages including detoxication, assessment and short and long-term rehabilitation. The Foundation then proceeded to develop pilot projects of which one was Bon Accord. It was designated as a rural rehabilitation unit.

This description of Bon Accord's history, present status and future direction has been written primarily from the viewpoint of program staff. It draws on written records and other contributions from staff and residents and includes data collected by researchers over a one-year period of intensive study of the program.

Acknowledgements

The authors are grateful for the contributions of many people who have made this report possible:

the members of Bon Accord, residents and staff, who have built the community over its seven-year history;

the scientists and students of human behavior who advised us in the design of the community and its program;

the researchers who conducted the exploratory studies;

the administrators of the Addiction Research Foundation, who represented the people of Ontario in supporting the development of Bon Accord.

We express particular thanks to a number of people, representing a variety of backgrounds and disciplines, who read the first drafts of this report and gave invaluable criticisms and suggestions, and also to the current Bon Accord staff, who carried extra duties in order to free the program director to complete the writing.

Thank you.

Donald F. Collier
*Program Director,
Bon Accord Farm*
Sharon A. Somfay
*former Program Assistant
Bon Accord Farm*



1 . Introduction

The man waited outside the locked liquor store. He wore a dirty trench coat with baggy pockets, mission pants 10 years out of style, summer shoes in winter. The eyes in the scarred, unshaven face flicked again and again to the clock in the store window.

We had talked to him yesterday in the coffee house, trying to learn what he thought of himself and the way he lived. It was not easy. He had us spotted as social workers or researchers, he was not sure which, but, in either case, as marks* who might be good for the price. As he talked we had the feeling he was telling us what he thought we wanted to know.

If he had the chance would he leave skid row? Oh, yes! It was a terrible life. Some guys liked it, but not he. The booze was the problem. He had once had everything—good job, wife and family, respect. Lost it all through booze. If he could only get out, away from all this! “Mister could you let me have . . . ?”

At the end of that conversation we had been left with the disturbing impression that the man had presented us with a caricature of himself—the skid row-bum image he sold to the reporters, the novelists, the researchers and the helpers. We still knew very little about him except that he had considerable ability as a con artist.

Now the liquor store door opened. The man moved quickly to make his purchase. It was probably the only deliberated act of his day. For the rest he would go wherever his feet took him.

Here was one of the men—the skid row public inebriates—for whom our society wanted a new answer. Coroners’ juries were disturbed by skid row men’s deaths. Humanitarians protested their degradation. Some students of alcoholism said they should be treated as sick people and not just locked up. Businessmen and city planners complained of the downgrading of districts because of their lifestyle. Our assignment was to plan and implement a pilot project—a new approach to the problem of the public inebriate.

*Definitions of words from skid row argot marked “g” in the text may be found in the glossary, Appendix IV.

Society's Views of the Problem

Society's traditional responses have been generally in terms of public order, charity, toleration and, to a minor extent, public health.

As a public-order problem the skid row men have been repeatedly incarcerated for the offenses of common drunkenness. It is an old practice.

Read *The Globe*, Toronto, April 27, 1881:

When Denis Gleeson was confined in the cells last night he acted in a very disorderly manner and having no excuse this morning he was fined \$1.00 and costs or 30 days. Patrick Healey for being drunk on King St. received a similar fine. Thomas Anderson appeared in the dock in his shirt sleeves and pleaded guilty. Queen St. was where he met the majesty of the land and was arrested. \$1.00 or 30 days.

Occasionally, there is treatment in a reformatory clinic, but, in general, no one really believes that this system straightens people out. On the other hand, it is undoubtedly true that it saves lives by interrupting drinking bouts and building up physical strength during the term of the sentence. As one man said, "Perhaps today I am alive because I was arrested." As an alternative to arrest, some cities have marked out areas, alcoholic ghettos, where public intoxication is tolerated—such as the Bowery in New York. There a man can lie drunk on the sidewalk, undisturbed.

Where public-order officials see an offense, the charitable organizations see poverty, misfortune and sin. They respond with charity, consolation and evangelism. The missions and welfare institutions have become part of the fabric of skid row, ministering to its inhabitants with the necessities of food, clothing, a place to sleep, a place to sit and talk. They have made life on the street more tolerable. Some skid row people have been deeply affected by religious services and found redirection, but most of them merely exploit mission charity while remaining suspicious of the religious motivation. On the street, conversion is described as "taking a dive for Jesus."^g For some, sitting through religious services is understood as a kind of payment for mission benefits. With wry humor one man explained another form of payment: "It was a hostel for young people, but they let me in because they wanted a horrible example for the kids." Mission staff know the limitations of their services. One experienced missionary said, "We can't do enough in this environment. The men need new streets, new friends. They must get away from here."

Toleration is a common response for many in the general public. They simply accept as an inevitable fact that there are losers and

eccentrics in every society. Some see skid row as a human zoo, a bit of exotica marking the boundaries of civilized, law-abiding society. For others, it may even provide a form of vicarious deviance. In villages and small towns toleration of the village drunk is relatively high and usually humane. His misdeeds are regarded with amusement or sad forbearance. His minimal needs are provided and seldom does the role of the police go beyond steering him home. In the skid rows of impersonal cities, where numbers of homeless inebriates are large and anonymity prevails, police intervention is more frequently called for.

The public health response to alcoholism as an illness thus far has provided the wino_g of skid row with short-term care for crisis situations. Inner-city emergency departments of hospitals have treated his acute physical illness and injuries, but they have not been able to offer treatment of his chronic alcoholism because of a paucity of resources and inadequacy of treatment methods. Alcoholism clinics have found the skid row man an exasperatingly unreliable out-patient because he is not likely to keep appointments. Alcoholics Anonymous groups in skid row face a similar difficulty. Treatment does sometimes occur in mental hospitals, entered voluntarily or compulsorily, but it is usually accepted with reluctance. The men complain that, except in hospitals with specific alcoholism units, the inebriate is low man on the totem pole. "Anyway," they say, "we are not mental cases." Most alcoholism treatment centres are designed for middle and upper-class people who are employed and still related to families. In them the skid row man, if he appears at all, quickly gets the message that he does not belong.

Definition of Needs

From reading the literature concerning skid row, from visits to skid row institutions in many cities and from interviews with men on the street, we gleaned some information about the problems of public inebriates. It became apparent that their needs were not adequately answered in traditional approaches to the treatment of alcoholism. We heard a Toronto executive, himself an alcoholic, talk about his "skid row of the mind"; but his experience was not the same as that of a man who actually slept in flophouses._g Heavy use of alcohol is only one of the problems for the man living in the real skid row. To it must be added economic marginality, social and cultural disaffiliation. Furthermore, in skid row we are dealing not just with individuals but with a sub-culture. Here is a deviant society which recruits actively and keeps a firm grip on its members by giving easy access to the basic requirements for life while making minimal social and economic demands. Uncontrolled drinking and petty criminality are accepted behaviors. If the rest of society does not want him, if his family would be relieved to know he has died, at least here a man is accepted and has a name—his own, or

a nickname that expresses something distinctive about him: "Little Joe," "Bulldog," "Frenchy," "Tarzan."

Skid row is a gathering place for many of society's drop-outs, losers and cast-offs. Some people are there willingly because they have rejected the values of larger society and the skid row lifestyle suits them. Most people on skid row have been driven there or kept there because they did not succeed in larger society for a complex of reasons including alcoholism and marginality in education, work and social relationships. Acceptance of skid row values is a necessary means for survival and for belonging at least to the skid row group. We have met people on the street who clearly wanted to escape from it. One man said, "You must understand: skid row is hell." But escape is difficult. Society's responses to skid row behavior have been based on emotions of anger, disgust, tolerance and pity. Seldom has there been much expectation that the behavior can be changed. Accordingly, the social institutions serving skid row have tended to be primarily concerned with protecting respectable society from its influence, providing humane treatment for casualties and making life on the street somewhat more tolerable. They have been oriented more towards sustaining life on the street than towards helping people escape from it. What is most lacking is a real option for skid row inebriates to change their lifestyle.

Definition of the Goal

The goal for the Bon Accord pilot project was to try to provide such an option: to assist people to change their behavior so they could move out of skid row and, in some way, rejoin larger society. Such a goal required us to ascertain whether or not we could, in any sense, come to terms with skid row.

Our decision was that skid row was our rival whose general lifestyle we had to oppose actively. The people who "wanted out" of skid row and volunteered for Bon Accord had to be alienated from it. At once we saw the risk we were presenting to them. If Bon Accord succeeded in alienating them from skid row but did not enable them to find acceptance in another community we could be leaving them in a position of naked isolation, like men without a country. It was a difficult ethical problem, especially for a pilot project which was intended to be of relatively short duration.

Whatever the risks, the dimensions of the assignment were emerging. More than a treatment program for alcoholism was required. To try to answer the total needs of the skid row inebriate we had to build a community—a counter-community to skid row. It had to be attractive enough to win people from the street and keep them in its membership until they were integrated into larger society. Nor was this simply a

matter of providing creature comforts and material rewards. There had to be opportunities to establish personal, social and economic significance and worth. People whom society had defined as marginal had to be brought into its centre without violating their personal integrity. All the needs of the whole man, all areas of behavior had to be considered.

In drafting our plans and in developing Bon Accord we could not simplistically think only of the needs of the skid row inebriate. There were other exigencies pressing down on us. We heard expressions of idealistic, humanitarian concern for justice and therapeutic or, at least, humane treatment; but we also heard demands for clean streets and the minimizing of the nuisance of skid row. The criminal justice system wanted to be rid of the problem of the skid row drunk. The Ontario provincial government was being urged to change the public drunkenness laws but was reluctant to do so until an alternate system of social control could be developed. We noticed, however, that public concern, as reflected in the news media, fluctuated sharply and we came to the opinion that, over the long run, society would not be willing to give a large allocation of its resources for the solution of the problem. If the Bon Accord project was to be a model it had to be inexpensive and, therefore, could not be so sophisticated that it required heavy use of professional staff.

As we see it, the goal of Bon Accord now, after six years of development, is to provide a community that enables the skid row inebriate both to be and to learn to be a participating member of larger society. In it he is accepted as a citizen making a contribution to society according to his ability. We want to break the "kept man" image typical of many forms of help offered him, and also the image of rehabilitation programs which emphasizes his future potential significance to the neglect of his immediate actual significance. Deep down, society tends, with some justification, to begrudge such services as parasitic, especially for men who do not succeed in them. Bon Accord is envisaged as an industrial community responsibly managing its resources and trying to pull its weight financially. By membership in it a man may find personal satisfaction, a sense of belonging and economic and social significance. He is not just a "kept man" or a trainee but a citizen.

To prevent Bon Accord from becoming a respectable ghetto it is essential to emphasize change and development in the community as well as in individual members. In addition, Bon Accord has to respond to and serve the changing needs of larger society. It has also to be confluent with the larger society so that when an individual is prepared to leave he does not find himself caught in a backwater. It has to be a good place to go out from.

In setting the goal and working out the method of achieving it, we

have defined our assumptions and principles. We assume that in the skid row inebriate there is at least a modicum of health, some repertoire of behaviors appropriate to larger society. We accept the theory that new behavior can be learned and that a man's self image can be profoundly influenced by helping him build up an investment of appropriate behaviors. We have adopted self-determination and self-help as the best means of behavioral change. We believe that a separate community is required because of the special needs of skid row people, but, although it is separate, we want it to be open to the larger community so that segregation is minimized.

The Development of the Community

On February 1, 1967, Bon Accord began with three residents and four staff. In the following six-and-a-half years 290 men have been in residence at various times. Residence accommodation was increased in 1969 from a capacity of eight to 25. Total staff has risen to 18, including part-time and temporary employees. The farming work has been replaced by a small furniture industry restoring antiques and manufacturing reproductions. Early in 1971, a full constitution was prepared and adopted by residents and staff, making Bon Accord a self-governing community within the limits of the Addiction Research Foundation's policies.



II . The Applicants

"The man was lying unconscious in a flower bed in front of the flophouse. Two hours later he was still there, still unconscious, but he had rolled onto his back."

—Researcher

"The street was like a long corridor between one imprisonment and another."

—Researcher

"I have an apartment . . . in an elevator shaft."

—Skid row man

"I do wrong. I am punished for it. It is all balanced out and I am free to do what I want."

—Bon Accord resident

"They talked about 'these drunks' in front of the men as if they were deaf to the meaning of the words."

—Researcher

"I don't want to get close to anyone. I've been hurt too often."

—Bon Accord resident

He sits nervously puffing a cigarette, scanning briefly the sterile office space at Bon Accord, waiting for the four members of the interviewing group to ask their questions. With fingers still shaking from his last drinking bout he pulls self-consciously at his tattered shirt. He steals a glance at the faces of the interrogators. He wonders about the questions they will ask and if he will be accepted into the Bon Accord community.

His name is John Matthews and he is 44. He is here because he has a serious drinking problem and lives on skid row. He hasn't always lived on skid row; he once had his own comfortable apartment away from the centre of the city which he shared with his wife and son. He worked as a parts man for a large auto manufacturing plant. Belonged to a bowling league. Drove a new car. Played bingo at the centre with

his wife once a week. Picnicked in the park with relatives on Sunday. Within two years, he lost all: family, job, car, apartment, friends—everything.

Three residents and one staff member of the admission committee introduce themselves and tell him they want to ask a few questions to see if he fits the criteria for admission. He nods agreeably.

“And where have you lived mostly in the past twelve months?” comes the first question.

“Flops,_g missions, parks, and . . .”, with a knowing smile to the other residents, “. . . the usual hangouts.”

“And how many times have you been arrested in the past year for common drunkenness?”

“Five times,” he replies, but then quickly adds, “I didn’t do time on all of them: suspended on three, taken to detox_g on one and one in the Don_g for 30 days.” He chuckles to himself, thinking that isn’t a bad score at all, considering the number of times he has actually been drunk. In fact, the only times he remembers not drinking at all were the 30 days in jail, the six weeks in the Toronto General Hospital and the three weeks he went to AA daily. Oh yes, the one month when he worked steadily at the hardware store—that was a good job—he drank off and on in the evenings and still made it to work in fairly good shape the next day. The morning after Good Friday was different. He recalled nothing of that week until the following Wednesday. Even if he hadn’t lost his job by then, he was too sick_g to go to work anyway.

“Any trade or occupation?” comes the next question, diverting these reflections.

“Casual labor,” is the reply. In contrast to his position at the auto plant, where he worked for eight years at a job which provided respect, satisfaction and good earnings, he now did dull menial tasks—slinging crates for a few days here, car wash next, passing out handbills off and on—jobs which offered no respect, no satisfaction and seldom good earnings. With welfare cheques and shoplifting or panhandling when times were rough, a few months’ work a year sufficed. Not many expenses on the street: meals could be scrounged (when he felt like eating), a flop_g for the night was cheap, mission clothing was mostly cost-free—not the latest style, mind you, and not always the best fitting, but it kept you warm in the winter. This left money for booze, and even if you didn’t have the price_g some other guy usually did.

“Any major health problems?” intrudes the next query.

“No.” He reflects that once the shakes from his month-long binge disappear and healthy country living and good food help him regain the 20 pounds he lost, he will feel like his old self again.

“Ever had any treatment for mental health—from a psychiatrist, as a patient in a psychiatric department or mental hospital?”

"Nope," and to himself 'God save me from the shrinksg. Course there were times I was so sick and depressed with booze I wished I wasn't alive and thought of doing myself in. But never landed in with the looneys.'

"I'm not a looney, just a drunk," he blurts out and the others smile empathetically.

"Ever been involved with programs concerning drug/alcohol problems?"

"Tried AA off and on."

"How many times in the past year?"

"Oh, maybe a dozen."

"Any others?"

"Salvation Army for a couple of weeks, but the religion got a bit heavy so I left."

"Are you capable of working 35 hours a week?"

"Sure." Experience had taught that if you wanted the job you told them what they wanted to hear.

A few easy questions followed: Do you require a special diet? (No); Any outstanding medical appointments or legal involvement? (No); Education? (Grade eight); Drinking heavily for? (16 years).

"What do you drink mostly?"

"Wine," he said, cheapest stuff for most effect. Beer from time to time, and scotch—when he could afford it.

"Do you drink substitutes?"

"Not really."

"What do you mean, not really?" asks one of the questioners.

"Well, I sure don't like the stuff but when you got nothing else you gotta have something." In truth he had tried rubbing alcohol and shaving lotion a couple of times but he was so sick afterwards that he hoped he would never have to resort to them again.

"Are you prepared to stay in the Bon Accord program up to one year?"

'Better answer yes, here,' he thinks and subsequently answers in the affirmative.

The admission committee members then ask him to leave the room so they can discuss his application. While he pours himself a cup of coffee in the corridor outside the waiting room, he wonders about that last question. Difficult to know how long he will stay without knowing more about the place. The guys at detox said it was a decent place. At least it would give him a bed and three squares. But does he really want to change his way of life? At times, when he was sick and shaking and desperately wanting a drink, he longed for an out from skid row. Then he remembered the other days—the family, the apartment, the job, the car, the friends. And now what did he have? Nothing. He was a winog.

A skid-row bum. No one cared really. Oh yeah, the guys acted like they cared—called you “the magician” because you could make such a quick getaway when the cops hunted for you. And there were the good times, like when your welfare cheque and Jimmy’s combined to buy four bottles of the best scotch and you and Jimmy demolished the whole thing under the bridge. And then there was the time you let the air out of the cop car tires, and they couldn’t take Billy in; and Billy rewarded you handsomely with two twenty-sixers of vodka. But even these had their price—the next morning! Over-all, he must admit, he was getting a little fed up with the whole scene—the sickness, the shakes, the blackouts, running from the cops, sleeping in the wet and cold, with no one you could call a real friend. Maybe it was time to try again.

He is called back to the office where he sits down, wondering about the verdict.

“The committee has decided to accept you into the community for a two-week trial period.”

Summary

The residents at Bon Accord are selected according to a set of criteria (see Appendix I) delineating a deviant group known as “chronic drunkenness offenders” or “skid row public inebriates.” John Matthews is a typical or average Bon Accord resident. He is 44 and, like 95% of the applicants, has a grade eight education and was living as a single man. Other characteristics of the Bon Accord group were gathered in a study of 80 residents over a one-year period.

Socially, 80% had only or mainly skid row acquaintances during the 12 months prior to coming to Bon Accord. About 70% had contact with skid row institutions at least once a month. Involvement with women, if any, was on a casual basis only, with 86% of the men reporting no stable or steady relationships with women. Nearly all the men were living in or near skid row, in missions, flophouses_g, hostels or rooms. Concerning contact with relatives, the last visit for most had taken place about one year ago or longer.

About one-half the group had six or more convictions for public drunkenness in the year prior to Bon Accord, with 65% having a criminal record, though the offences were usually of a minor nature.

Financially, 92% were unemployed at the time of application. During the previous year, casual employment, welfare, charity and illegal pursuits comprised the main sources of income. Average length of longest steady employment was about eight years.

Inappropriate use of alcohol was, of course, a requirement for admission, and 96% of the group reported consuming at least one bottle of wine daily, with 40% drinking three or four bottles each day. The

longest period of abstinence outside of institutions in the previous two years was reported by 73% as two months or less, and these abstinent periods numbered less than three for most. Controlled drinking (in contrast to uncontrolled, defined as the inability to stop drinking once it has started) lasted not longer than two months for 84% of the men during this same two-year period. Only 20% reported never consuming non-beverage alcohol, with most of the others resorting to it a few times a month. The main form of alcohol for 80% was wine. Duration of heavy drinking was for most of the group calculated to be about 17 years.

The physical health of the men on arrival was generally good, apart from the usual withdrawal symptoms such as anxiety, fatigue, tremors. This was mainly due to the fact that the admission criterion required applicants to be capable of working a 35-hour week. Men with major physical handicaps, assessed by previous examination, were excluded.

Finally, with regard to treatment, few had received any mental health care. The little treatment for drinking they had been given was typically of short duration, lasting not more than a month or two.

We compared the statistics of the Bon Accord applicants as collected during the one-year study (1971-1972) with those from the study conducted by the Addiction Research Foundation in 1961 of 285 chronic drunkenness offenders who were at that time in the Don Jail, Toronto.* Multiple comparisons showed no major differences between the two groups and indicated, therefore, that Bon Accord has been working with a typical group of chronic drunkenness offenders.

With few exceptions, the men who have come to Bon Accord have undoubtedly been skid row public inebriates demonstrating the complex of alcoholic, economic and socio-psychological adjustments characteristic of that group. The challenge set for Bon Accord was to develop a program and an environment relevant to all these problems.

*P. J. Giffen et al, "The Chronic Drunkenness Offender" unpublished study, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario.



III . The Community

"As a symbol of our acceptance of you into the membership of Bon Accord, we extend to you the right hand of fellowship."

—from the Membership Ritual.

Bon Accord never had an official opening: no heralds, no visiting dignitaries, no cutting of a ribbon. Staff were not to know that first moment common to most institutions when the physical facilities would be polished and ready, the program fully designed and geared for action, and they would stand on the doorstep waiting for the first residents. Opening day consisted of three residents moving into the confusion of a partially renovated house and at once plunging in to help complete the work. If they came expecting treatment as patients, they soon learned instead that they were being asked to help build a community for themselves and others like them. The memory lingers of one resident, still in withdrawal from his last drinking bout, dropping beads of perspiration on the washroom floor which he was valiantly struggling to clean.

In the beginning, there were three men on staff: the program director, the work manager and the farm manager. The wives of the director and the work manager acted as part-time secretary and nurse-housekeeper. The male staff, whose homes were in the neighborhood, took turns sleeping overnight in the residence. After four months, a university student was hired as night supervisor.

During this initial period, staff and residents worked side-by-side digging out the cellar, building fences, laying the patio and planting trees. They shared meals at common tables and slept in adjoining bedrooms. Staff families came out for meals and festivals, adding the high voices of children to the community's sound. At Hallowe'en we watched a skid row veteran and an eight-year-old child, with heads immersed in a tub of water, bobbing for apples. In the whole experience, as staff and residents, we became conscious of our common humanity. We gained insight into each other's needs and into the community as a source of real and potential benefit to all of us.

In choosing a democratic community framework for Bon Accord, it was our hope to create a climate that would be attractive to men with much jail and other institutional experience. We hoped that an atmosphere in which

personal freedom could develop and flourish would provide an alternative to the skid row way of life. Thus, we tried to shape the community so that it would be responsive to the residents' needs as they defined them. We wanted them to be contributors to the development and application of the program and not just recipients. We sought an on-going dialogue among members, staff and resident, in which all would be helped to examine and deepen their understanding of their needs and values in relation to the rest of society.

This interaction would, we believed, lead to the residents and staff sharing responsibility for the discipline and control of the community so the staff would not be cast in the roles of guards and policemen. In general, we expected that it would help avoid over-dependence on staff and enable residents to learn behaviors useful in larger society, including skills in communication, initiative and problem-solving.

The implementing of these beliefs took time. Indeed the staff themselves had to learn the implications of the democratic principle through experience in day-to-day encounters. It took time to gain confidence in the residents' abilities to handle the freedom which we believed they should have. In fact, it took almost three years before we were ready to commit ourselves to the constitutional community government now in effect at Bon Accord.

Setting and Neighborhood

In deciding on a location we thought it advisable to have some physical separation from the skid rows of the cities. The site we chose is 75 miles away from Toronto, the main source of referrals; the distance at least makes a man think twice before slipping back to the street. In choosing among rural locations we selected one which affords some seclusion conducive to the development of the community's identity but, to preclude total isolation, which is within a mile of a village of 2,000 people and three miles from a town of 5,000. A medium-sized city (Guelph) is 12 miles away and can be reached by a half-hour bus ride. The property consists of 200 acres of beautiful rolling farmland with woods, a river, a creek and a pond. Exposure to the endless variety, the mystery, the changing moods of nature, and opportunities for outdoor activities are all useful adjuncts to the community's life. In the early years, the farm provided a ready-made work program. Now, since the development of the furniture industry, the land is rented out for farming.

Although it is advantageous to be at a distance from the skid row influence, to some extent it is a disadvantage that our rural neighborhood does not provide as many commercial recreational opportunities as a city. The closest movie theatres are 12 miles distant and, with the exceptions of the pubs and Legion, there are no meeting places of a

casual drop-in nature. Membership is open in several local social and recreational associations but, being long-established, they have tended to be conservative and favor long-standing permanent residents. With rapid expansion and change in population, however, these organizations are beginning to welcome newcomers and new recreational facilities are on the drawing board.

Local churches have shown interest in Bon Accord and welcomed residents to their Sunday services. As might be expected, their weekday programs are designed mainly for families and for long-term membership.

The limitations of the rural environment apply also to the economic and education areas. Employment opportunities are rare in the immediate neighborhood, although we have the advantage that this is a furniture-making district and, therefore, the Bon Accord work-training is relevant. Expansion of local industry is currently planned and should provide jobs for our men. The nearest trade schools are approximately 15 miles away.

Residence

The original residence was an 1857 farm house with sleeping accommodation for eight residents and the staff member on night duty. In renovating the building we tried to maintain its character as a family house. The limited space, which was well-designed with its country kitchen and small living-room, provided many opportunities for social interaction, but also very few for privacy. All the bedrooms, with the exception of the staff bedroom, were shared.

The residence expansion was designed early in 1969 by an architectural student who lived in the community for 10 days observing the dynamics of communal life and learning the program objectives and method. Included in the extension are private bedrooms, bringing the resident bed accommodation to a total of 25. Most of the private rooms are grouped around the main common room according to a village square concept. The common room and other lounge and interaction areas are simply expansions of the corridors so they are not segregated from the flow of movement in the building. Even the washing machines and dryers are in an open section at the meeting point of the old and new buildings. The latter is a busy place, near to the main entrance and the offices, and contains a coffee urn, soft drink machine and benches. Residents doing their washing are drawn into involvement with other activities in the community life.

Since appropriate drinking is permissible at Bon Accord,* one small lounge area is used as a bar. It is also used for television viewing.

*See Chapter IX

The common room is equipped for pool, darts, table-tennis, cards, and an alcove for a stereo set. Mirrors and clocks are scattered throughout the building to ensure consciousness of personal appearance and as reminders of commitments. The community telephone is in an office to provide privacy.

In the dining room, where staff and residents share meals, long harvest tables were first used but have been replaced by round tables seating up to eight people.

One of the design requirements was to build a structure to provide for graded privileges according to a phasing system* rather than for egalitarian rights. The idea was that new residents who had yet to demonstrate their responsibility would have fewer privileges than members who had successfully passed a series of evaluations. In fact, there is insufficient distinction in terms of accommodation between the phases. The only difference between Phases 2 and 3 is that the senior residents have slightly more privacy and keys for their doors. Otherwise, the rooms are identical. The community has given the different areas at least a psychological separateness enhanced by joking references, for instance, to "living in the penthouse."

The Industry

The Bon Accord industry has two departments: one for the restoration of antique furniture and the other for the manufacture of reproductions from antique models. The shops have a total floor space of 11,000 square feet and can accommodate 35 workers. The large mill shop and finishing room were designed according to a floor plan donated by a local manufacturer and are equipped with the most up-to-date wood-working and finishing machinery. The plant duplicates conditions in a modern factory except that we have avoided an assembly line system in favor of one which enables men to participate at several stages in the manufacturing process. Awareness of the whole start-to-finish operation increases a man's interest in his work in contrast to a system in which he performs the same single operation over and over.

The main sales outlet for products is in the old barn on the property. Every year thousands of customers come to Bon Accord to examine and buy the goods. Residents sometimes act as salesmen and often as tour guides to show visitors the workings of the shops. This exposure of the community to public view is useful both for educating the public and integrating residents into the larger society.

*See pages 34-35

The Staff

There are currently 15 permanent staff positions at Bon Accord, five of them part-time. In addition there are three temporary positions, two of which are part-time. It is our belief that this staff complement is adequate to work with a larger group of residents than the present maximum number of 25.

The program director is responsible for program design and development, program demonstration, over-all administration and is directly involved in the Bon Accord community government.

The program assistant divides his time between community government and co-ordination of the industry.

A researcher worked under a research consultant from the head office of the Foundation for three years until July, 1973, studying behaviors in the community.

A registered nurse supervises community health needs three afternoons a week.

Two part-time secretaries provide the necessary secretarial and receptionist services for the above staff.

The industry, in addition to the part-time work of the program assistant, involves a manager of antiques who is also responsible for sales, a wood-shop manager who is a cabinetmaker, a second cabinetmaker, a shop assistant, an accounting clerk, a full-time secretary-clerk, a truck-driver (part-time) and two sales clerks (part-time).

The residence is served by a cook-housekeeper (part-time), a cook and a cleaner (part-time).

It is somewhat misleading to list the staff under departments because there is, in fact, an overlapping of functions. The program assistant is the most notable example: he has responsibilities both for community government and for co-ordination of the industry. On the other hand, shop staff are heavily involved in community government.

With respect to qualifications, the program director has degrees in philosophy and theology and 12 years experience as a parish clergyman. The present program assistant has a degree in political science. Former assistants majored in sociology and psychology. Other staff have the training necessary for their particular technical roles.

Formal training is only one qualification required for a staff appointment. In the Bon Accord communal life, a staff member soon finds he cannot delimit his particular job role and stick to it on a nine-to-five schedule. Sooner or later he must be involved with other members socially, recreationally and politically. For better or for worse he will be some form of life model to residents in these areas. Consequently, personal characteristics and abilities are of critical importance in selecting staff. We have tried to choose staff who represent a variety of values and lifestyles in order to provide a choice of models. Social

abilities are of prime importance. We look for staff with a wide range of interests, belonging to various social groups, with different hobbies and recreational pursuits, who have healthy, busy, private lives. We want people who are socially warm and open, willing to be involved with the residents, not seeing them as sick people according to society's stereotyped definitions, but accepting the residents as being on the same continuum of human experience as themselves. We have avoided hiring staff who have strong commitment to traditional therapeutic ideology. Particularly, we look for people with the personal stability to cope with the emotional intensity of community life, hopeful people who can withstand disappointment and infect others with hope.

In consideration of our political and economic objectives, it is important that staff not be status conscious or overly-ambitious for personal careers and personal power. They have to be able to accept residents as fellow members, to hand over responsibility to them and to receive personal rebukes from the community government. Specifically, they need skills in problem-solving and decision-making.

With regard to alcohol behavior, we seek people who are tolerant and not dogmatic; preferably, we have among the staff a mixture of abstainers and social drinkers who know the methods of drinking control.

The sex ratio of staff is currently nine men to eight women. In general the women have filled traditional female work roles: nurse, secretary, housekeeper, cook, cleaner, clerk. However, in the context of Bon Accord these are very significant and influential roles. For instance, a secretary is also the paymaster, and the cook and housekeeper are often in the position of confidantes. The position of program assistant was held by a woman as a temporary replacement for one year and this appointment was well accepted by the residents. Obviously, in a program that has as an objective the improvement of relationships with the opposite sex, a balance of men and women staff is essential.

The performance of staff over the six-year history of Bon Accord indicates that few failed to integrate successfully with the community. Staff regularly comment on their own personal growth under the influence of the community. Most departures have been due to family reasons and decisions to obtain additional education. One person resigned after a brief period because her training in an authoritarian system proved incompatible with Bon Accord democracy. Other staff have had difficulties because of their job descriptions. In the first years, we hired university students to act as residence supervisors at night and on weekends. Their university classes necessitated their absence during the day, studies kept them busy at night and consequently they shared very little of the community's life. They were cast by the residents in the role of guard. One student recorded his initial experience:

I arrived in mid-afternoon on a Sunday with the farm manager. I glanced into the living-room and saw two men glaring at me. I felt very uncomfortable as I walked into the room.

"Hi, I'm Rod Walsh," I said, extending my hand to the man nearest me.

He did not respond. He glared at me and sneered. He left me holding my hand outstretched. It grew heavier and heavier.

"So what?" he said. "Why are you supposed to be here anyway?"

"Well, I'm new on staff. I guess I'll be doing a bit of everything. For one thing I'll be living in."

"I hear you are the new watchdog," he offered, with a hint of a smile and a glance at the other man.

"Not really," I said.

"Oh no, Gib. I heard he's the new male nurse. He's going to hold our hands and bring us coffee when we are drunk!" boomed the other resident.

They both laughed heartily and stamped their feet on the floor as I stood there dumbfounded.

"I don't intend to hold anyone's hand!" I retorted. I tried to make conversation but it proved impossible. I retired to my room, taking my unshaken hand with me.

Residence supervision is now handled by senior residents and the controversies which occasionally develop concerning the exercise of their duties are dealt with in the community government. The tension appears to be more tolerable and is more readily resolved than when the students held the positions.

In accord with the community philosophy, we try to give residents priority in applying for staff positions assuming their qualifications measure up to the requirements. Our first shop manager was at one time a resident. Recently, senior members took over the positions of inventory controller and finishing foreman, demanding jobs that previously would have been filled from outside the community. In the past, senior men have acted as accountant and truck driver. There are other foreman positions in the shops that are regularly filled by residents. These appointments clearly help reduce the sharpness of the lines of division between staff and resident members of the community.

The Community Manifesto

The convictions and expectations of the community are summed up in "The Bon Accord Manifesto," a document accepted and signed by the members at the constitutional conference in 1971. Each new member affixes his signature to it as part of the ritual of membership. We quote it in full here because it is a good summation of rights and responsibilities defined by the community and also because we hope it conveys some of the spirit of the community.

THE BON ACCORD MANIFESTO

At this general assembly of the Bon Accord community at Elora, Ontario, on the twenty-sixth day of February, 1971 A.D., in grateful acknowledgment of our inheritance from those who have preceded us as members of Bon Accord, and in the attempt to give expression to that inheritance, we the undersigned members declare the following rights, obligations, freedoms, and responsibilities as integral to membership in this community.

1. Every member shall have the freedom to express his individual opinion and to influence the government of the community. In particular, he shall have the right to vote.
2. Every member shall have the obligation to share in disciplining the community's life so that decent order may be maintained.
3. Every member shall have the right to expect that the community will assist him to reach the maximum level of his personal ability as it is consistent with the community's objectives.
4. Every member shall have the right to receive justice for himself and the responsibility to assure that justice is given to others. The right of appeal and right to question judgments made on other members are essential to Bon Accord.
5. Every member shall have the freedom to be accepted as an individual person with his own self-identity. The legal and diagnostic descriptions and the stereotyped roles and categories which are or may at any time have been applied to him shall not be the primary basis of relationship within Bon Accord.
6. Every member has the potential freedom to change his behaviour and learn a new way of life. We do not accept the

fatalistic viewpoint that we are unalterably fixed in a particular cycle of behaviour.

7. Every member shall have the right and obligation to work for his livelihood. We do not want to be kept in a state of dependence on welfare charity. We acknowledge our obligation to the people of the Province of Ontario to manage Bon Accord's affairs and resources efficiently in the interests of achieving an economically viable community.

In testimony to these convictions, in the belief that they are a faithful expression of the highest ideals of former members, and in the hope that future members will honour them in word and action we hereto affix our signatures.

The Community Government

Basically, the structure of the community government* consists of a general assembly of all the staff and resident members, who elect the chairmen of the committees responsible to it. An executive committee comprising these chairmen and two staff representatives appoints the committee members. The responsibilities of the committees include admissions and discharges, evaluations of members' progress, handling conflicts between workers and supervisors, controlling intoxicated behavior, planning and implementing the community's social and recreational functions and deciding on rewards and punishments for behaviors. It soon becomes apparent to men engaged in making these decisions that it is no game of make-believe. Their actions in community government directly affect members' lives.

For example, when a man returns to the community intoxicated, the chairman of the evaluation committee is informed and decides whether or not to call the committee to deal with the man's behavior. If he thinks the member has indeed lost control and his drinking is likely to develop into a binge, he requests his committee to meet. After the information is reviewed and the options considered, the members make their judgment. The man in question may be told to go to the shop where he will be given simple work to do, to stay in his room and sleep it off, or he may be sent to a detoxication unit. If he does not co-operate he usually faces discharge from the community. It is a difficult decision for resident members when they know they themselves have been or conceivably may be in the same situation as the intoxicated man. Nevertheless, they do make the decision and the important feature is that it is primarily the residents who choose and are responsible for the course of action.

*For a detailed description of the community government see Appendix II.



IV . Admission Procedures

"He has become the town nuisance. When he goes to Bon Accord none of us will send him a card saying we'll miss him!"

—Referral agent

"Mr. M. G. admitted no convictions for drunkenness until he discovered they were part of the criteria for admission."

—Admission committee minutes

"The admission meeting was cancelled because none of the four candidates appeared."

—Admission committee minutes

How does one gain acceptance to Bon Accord? In theory, anyone can apply on his own, or through a referral agency. In fact, it was found that only 10% of those requesting admission were self-referred and many of these had previous stays at Bon Accord. Detoxication units referred the largest single group (34%), with social service and medical agencies, hostels and the jail comprising most of the remainder.

There are several steps in the screening process: first, the applicant is asked to complete (on his own or with assistance) an Initial Contact Form, which furnishes information on social, economic, health and drinking behaviors. This is assessed first by a referral agent, and then is sent to a staff member (usually the program assistant) at Bon Accord. If the applicant appears to fit the criteria (see Appendix I) an appointment is set up and he is asked to meet with the Bon Accord admission committee, comprising three residents and one staff member. One stipulation is that he must make his own way rather than be accompanied by a social worker, ambulance driver or other helping agent. During the interview with the admission committee, the Initial Contact Form is reviewed with the applicant and further questions may be asked to determine suitability. The applicant may likewise ask questions about the program. Upon acceptance, the candidate enters a two-week trial period, after which he again meets with the admission committee. Using evaluation of his behavior and his knowledge of the constitution

and willingness to abide by it, the committee decides whether to recommend him to the general assembly for acceptance as a member.

This screening procedure may appear to resemble admission intricacies of a secret service organization or private fraternity. It has elements of these, perhaps, though really there are basically only four hurdles for the applicant: first is the application, next comes the journey, third is the interview and, finally, the trial period.

The Initial Contact Form ensures that we are accepting only those who fit the basic criteria. This guarantees that we are fulfilling our obligation to the Addiction Research Foundation and indirectly to the people of Ontario—namely, to provide a facility for the skid row public inebriate.* Another function of fixed criteria is that it decreases the probability of “up-grading.” It is a common practice of traditional treatment programs gradually to include candidates of higher potential than originally specified because of the difficulties and frequent frustration of working with this group of men who are commonly written off as “hopeless cases.” We wished to avoid slipping into this up-grading practice; having fixed criteria proves a useful braking system. (It may be argued that up-grading occurs at the outset: the “hurdles” for admission predicate a high degree of motivation.) Another reason for specific admission requirements is that it enables us to keep our population homogeneous, as the research nature of our program demands. Finally, sharing common problems facilitates the building of friendships and cohesiveness in the community. There is a very conscious and deliberate attempt by the admission committee to accept only those who fit the pattern of the skid row alcoholic. For example, those who appear to have additional problems such as serious mental or emotional handicaps not related to the overuse of alcohol, or addictions to drugs other than alcohol, are not accepted.

The reason for expecting the candidate to journey to Bon Accord on his own is our assumption that it indicates some readiness to pull out of the skid row environment. We recognize this motivation ranges from a desire for a recess from skid row hardships to the more earnest wish to alter a way of life. We recognize, too, that it is very difficult to distinguish between these two extremes: reliable and valid motivational indices are hard to come by. However, we believe that making the journey on one's own—with all its demands (arrival at bus/train station on time, purchasing ticket, changing bus/train, hiring a taxi to come to the farm, etc.)—probably indicates stronger motivation to come than transport under the auspices of a benevolent service agent.

*About 300 men have been residents at Bon Accord, between 3 percent and 5 percent of Ontario's public inebriates.

The two-week trial period is a challenging experience. The place and program are completely new—quite unlike any other institution the applicant previously encountered, particularly in its emphasis on individual responsibility and freedom from authoritarian practices. The answers he receives to his questions may surprise him:

Q. "When do I get my work clothes?"

A. "You don't. What you are wearing will do until you can afford others."

Q. "Who makes breakfast for me?"

A. "You do, if you want any."

Q. "Can I have some pills for my nerves?"

A. "Maybe we can talk about other ways of relaxing. You'll probably settle down once you've been here for awhile."

Q. "Am I allowed to say anything at General Assembly?"

A. "You are expected to."

Coupled with this unfamiliar treatment are the tensions he encounters. For example, he is expected to remain abstinent, yet he often sees beer brought into the residence to be stored in the bar, or, even harder to endure, he sees men drinking beer in the lounge area near the bar. "Why is it that I am not permitted to drink or leave the property when other guys can? I knew these guys on skid row."

The newcomer typically appears to undergo much tension and confusion during the initial weeks. At the same time, he is expected to behave in certain ways and learn the principles and rules of the community as laid down in the constitution. He is constantly watching and being watched. The two interviews—the initial one upon arrival and the second one after two weeks—mark the beginning and end of a bewildering and tense fortnight, aptly called the trial period. In fact, approximately 12% of the candidates do not make it through the trial period but leave on their own decision or through a community-imposed discharge. Those who remain have demonstrated their willingness to make an investment in a new way of life.

The Voluntary Principle

"Mr. P. D. fit the criteria and the committee agreed to admit him. Then he told them he was not anxious to stay and the referring personnel had been over-anxious to have him come. And so he left."—Admission committee minutes.

We have always been committed at Bon Accord to voluntary membership because it is consistent with our democratic bias. There has

been little opposition to this principle from beyond the community for reasons that may be surmised, e.g. our society is tending to think that the skid row inebriate is not such a threat or problem that he requires mandatory control. In addition, compulsory treatment is not considered appropriate for an experimental project.

There are difficulties of course. The principle does place an onus on Bon Accord and its referral agents for recruitment through persuasion, a time-consuming task requiring great patience. Voluntary membership also makes it easy for people to leave the community and, to our chagrin, they often do leave at moments of tension which might be creative learning experiences if they persevered in the program. Our answer has been to consider the period away as part of the learning experience and to grant readmission readily. A man may usually reapply about three times. Readmission procedures are the same as those for admission. But if a man reapplies within a relatively short period (approximately three months) he is placed in a phase decided by the evaluation committee for a two-week probationary period. The rationale behind this practice is to help the resident carry on the momentum of positive achievement which had been acquired during the previous period of membership. Consequently, there may be a stronger argument for reinstating him in a previous phase rather than having him start at the base of the ladder once again. Experience has indicated that after a man has been on skid row for more than three months this momentum has been lost, and then it is usually wise to place him at the beginning of the program again.

Voluntary enlistment* excludes a significant number of the population who simply will not volunteer to leave skid row. As one reluctant man said to us: "Why don't people leave me alone? All I want is to sit under a tree with a bottle of wine!" What, if anything, is to be done with such men who repetitively appear in detoxication and other service units and continuously refuse to enlist in treatment programs? Enforced enlistment in a long-term program would keep them off the streets but would it inhibit active participation and minimize co-operation in the program? To a large extent the answer depends on the character of the program and its ability to elicit co-operation. We certainly do not assume that every volunteer for Bon Accord comes prepared to co-operate in it. Some have come for a holiday, a surcease from skid row alcoholic excess. However, the bitterness and resistance which may

*It is important to bear in mind that there may be significant differences between those who volunteer (Bon Accord sample) and those who do not (skid row) and therefore caution is urged when generalizing beyond the Bon Accord group.

arise from compulsory treatment do not exist for the volunteer. We found that the few candidates who came to Bon Accord against their wishes generally did not remain long enough to give the program a chance. Despite our advice that men should be encouraged to come by themselves, one man was brought in by a social worker guiding him like a sheepdog. He stayed just an hour longer than she did. Before leaving he told us, "I just came because it was the only way to get the social worker off my back."

It is a real problem for referral agents in detoxication units to persuade men to accept treatment of any kind. A study is needed of the effectiveness of various methods. In our experience, current and previous residents who know the Bon Accord program are among the most effective recruiters. They speak the skid row language and have an immediate rapport with the potential candidates—something difficult for others to achieve.



V . Changing Behavior

"We are expecting so much in terms of change! We are asking that habits learned over a lifetime be changed in a matter of months. It is no wonder that we are often in turmoil!"

—Bon Accord staff member

"We were watching Jim, drunk, swearing, yelling, staggering. I said to George, 'Wouldn't a guy like that make you never want to drink again?' He replied, 'No! Everyone here would like to go out and get stoned.' "

—Wife of Bon Accord staff member

Behavior Modification

Bon Accord sets before its members an opportunity to participate in a non-skid row lifestyle. It is expected they will change their behavioral patterns to conform to the values espoused in the community. The environment was designed accordingly. But we also needed a program method which would encourage participation in the community's lifestyle and by which the members would be enabled to learn appropriate behaviors.

Initially, we relied heavily on a group method which the program director had used in educational programs in a middle class suburb and in an alcoholism clinic dealing predominantly with middle class patients. It was an insight method relying mainly on verbal communication. Although we tried to adapt it to the Bon Accord population with its relatively low educational levels by focussing on practical, immediate problems, the method did not work. Oral participation in the group was minimal and behavior was not significantly affected. Most of the residents appeared uncomfortable in the group setting and lacked the oral communication skills to express themselves in it. Obviously, the group meetings were valued primarily as a recess from work. Residents gave nodding assent to values and ideas presented in the meetings but it was obvious that if those values and ideas were to be embodied in behavior there had to be more practice and less talk. Therefore, we decreased the number of insight group meetings and used groups prima-

rily for community government purposes. Staff were freed to mix as role models with residents in work and social activities. We had in mind a form of modelling which would take place in a relevant and natural setting and which would be suitable for men who did not respond to obviously didactic methods.

In 1969, we described the steps to teach a man alternate responses to stressful situations other than the response of alcohol overuse. The man was to be encouraged through the community to:

- a) observe the alternate responses being performed by others;
- b) develop increasing hope that they would work for him;
- c) imitate the responses even if, at first, very awkwardly and stiffly;
- d) wait for the delayed gratification (being sustained in the interim by various forms of reward with less delay, e.g. informal social approval);
- e) experience for himself the gratification of the alternate responses;
- f) continue to imitate these alternate responses until the new behavior pattern was established.

Our efforts to follow this approach brought us some encouragement in the form of the apparent interest of the residents in the values and behaviors being promoted but also demonstrated serious inadequacies:

- It was difficult to co-ordinate the efforts of individual staff members because the program method was not sufficiently systematic.
- The measurement of change in individual residents was also handicapped by lack of system.
- Expectations were too generalized and fuzzy.
- We needed short-term, immediate and concrete forms of reward to encourage a man to go from step to step towards a long-term goal.

At this point in our development we decided we would begin to use more deliberately the principles and techniques of behavior modification, commonly associated with the work of B. F. Skinner.*

Behavior modification stems originally from the laboratories of experimental psychology. There is an impressive array of data to substantiate its findings, particularly with regard to drinking behavior.** The basic assumption of behavior modification put into simplest terms is that there is a systematic relationship between behavior and its consequences; behavior can be developed and maintained by some

*Skinner, B. F., *Science and Human Behavior*, New York; MacMillan, 1953.

programmed consequences (defined as positive and negative reinforcers) and suppressed by others (defined as punishers).

One advantage of using this approach at Bon Accord is that it is directly consistent with our aim of changing behavior. Also, it is highly systematic and, further, we can apply it with the blessings of confidence of past studies. Other advantages are that we can measure fairly objectively whether or not behavioral change has taken place and it does not rely heavily on verbal communication skills. Finally, it is relatively simple to apply; no great theoretical knowledge is required to apply the method effectively. This means no costly special personnel and equipment are necessary, and indeed anyone and everyone at Bon Accord (including cook, paymaster, director, cabinet-maker, shop manager, other residents, etc.) can be a valuable resource. It can also be developed as a self-help technique by teaching the principles directly to the men.

Implementation

We have at Bon Accord, sources of formal and informal reinforcers and punishments. "Good" behavior in the work situation, for example, can be rewarded through an increase in pay and promotion to a higher status position such as foreman (an example of formal reward) or by a pat-on-the-back and favorable acknowledgment by the work supervisor (an example of informal reward). Chastisement in an assembly meeting and payment of a fine for inappropriate drinking are examples of formal punishments. The difference between formal and informal reinforcers is that the formal are specified in the constitution (see next section on "Phasing System") and their application is at the discretion of the committees. As such, they are applied at fixed points in time, often removed from the behavioral event. Informal reinforcers can be applied at any time by anyone with the awareness of significant behavior.

Which behaviors are appropriate? Generally, these are outlined in the constitution and are behaviors which enable one to function well at

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Nathan, P. E., Titler, W. A. and Lowenstein, L. M. et al. "*Behavioral analysis of chronic alcoholism*," *Archives of General Psychiatry*, 22: pp 419-430, 1970.

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Bon Accord and ultimately in larger society. They include such actions as working efficiently and well with others, socializing and participating in recreation, energizing the political heartbeat of committees, making important decisions, and abstaining or drinking appropriately.

Which behaviors are significant? This depends very much on the individual. We must recognize the various strengths and weaknesses which an individual brings to Bon Accord. For those who have not worked in many years, arriving at work five days consecutively on time is a significant behavior worthy of praise. For others, this is not unusual. Making friends may be a problem for them, in which case attempts to do so should be favorably recognized. "Awareness" of these behaviors is dependent upon knowing something about the individual—possibly through his past, but mostly through observation at Bon Accord. We hold frequent brief staff meetings, in which observations are reported to one or two of the staff members who are well-versed in behavior modification and able to suggest which behaviors should be reinforced in what manner. Again, the form of reinforcement is dependent somewhat on the individual with his special wishes and needs. These preferences are not static entities and indeed, hopefully, new values replace old skid row values, frequently not without tension. We are often witnesses at Bon Accord to a man's struggle to decide between conforming to community expectations as laid down in the constitution, or succumbing to the dictates of the "old gang" and then meeting with formal disapproval. The emergence from the cocoon is slow and often painful.

Let us now review the information required to apply behavior modification techniques. These include the "target" (hoped for) behavior, the "baseline" (original) behavior, the kind and amount of reinforcement or punishments and the source and timing of them. It sounds like a complex package: in fact the principles are simple, their application in a natural setting can never be easy. Nonetheless, they provide a very useful format for a self-conscious effort to change behavior.

The Phasing System

The phasing system is the primary vehicle for the conveyance of positive formal reinforcement at Bon Accord. It is a graded system of increasing expectations and responsibilities in the areas of economic, social-recreational, political and drug/alcohol behavior, which gradually approximates behavior required to function in society. Synchronous with these anticipated changes are specific rewards for appropriate behaviors.

There are four phases in all, each of varying duration. Upon acceptance and after the two-week trial period, the resident enters Phase 1, which usually lasts one month. He does not have drinking rights. He is

expected to serve on a committee. He lives in the old stone house, where he shares a bedroom with one or two others. His wage is at the bottom of the pay scale. His promotion to Phase 2 is dependent partly upon his ability to conform to the Phase 1 regulations, but mostly upon his behavior in the four critical areas (work, social-recreational, political and drinking). Upon hearing the assessment of his performance in these areas from the appropriate committees, the evaluation committee decides, in the resident's presence, whether or not to promote him to the next phase.

Phase 2 expectations are: that a man will now make his own medical appointments as necessary, rather than relying on the nurse; that he will pay for his own medication (as opposed to having Bon Accord underwrite it); that he will actively renew previous healthy social relationships; that he will serve as chairman of a committee; that his work behavior will show improvement; and that he will make every effort to control his alcohol use. His privileges include the choice of abstinence or appropriate drinking, increase in wages, his own private room, and the option of overnight leaves. Phase 2 is about 10 weeks in duration.

Phase 3 is the senior grade where a man is regarded as a leader in the community. He is expected to carry out residence supervision duties, to look after his own medical appointments and medication, possibly to serve as shop foreman, to make friends and participate in activities away from Bon Accord, to control his drinking or remain abstinent, and to assist and act as a model for other residents. His privileges comprise a room with greater privacy, higher wages and status, weekend leave privileges, first choice of days off, and occasional presence at staff meetings. Phase 3 is of three to six months duration.

Phase 4 is conceptualized as the bridge into society. In this phase a man may either work at Bon Accord and live out or live at Bon Accord and work out. He is subject to the same obligations as a man in Phase 3, with the added challenge of increased decision-making and social involvement in his new milieu. Phase 4 duration is decided on an individual basis.

We have another informal phase—Phase 5, for graduates of Bon Accord who may wish to maintain contact and receive periodic encouragement and support from Bon Accord. They may participate in any of the social or recreational events of the community.*

In review, the phasing structure provides for a system of increasing responsibilities and accompanying rewards for behavior approximating that required to succeed in the larger community.

*Phases 4 and 5 have not yet been as fully delineated as the earlier phases.

Behavioral Goals

We have pointed out that drinking is but one of the problems of the skid row inebriates—indeed, a very serious problem, but nevertheless only one of many. One probable reason for the failure of many treatment programs for this group is that they focus on drinking behavior to the neglect of other needs.* Non-skid row people have serious drinking problems—possibly consume as much liquor as skid row inebriates—but somehow they do not descend to skid row. It is apparent that there are other factors which precipitate the descent to the row.

There are four main groups of variables which broadly define the skid row inebriate population.

1. *Uncontrolled Drinking*—The individual demonstrates little or no control over frequency and quantity of alcohol use.
2. *Social Isolation*—There is a lack of affiliation with family, clubs, church or any other group which would normally provide an important source for satisfaction of psychological needs such as approval, acceptance and affection. These channels are mostly closed to the integrated skid row alcoholic.
3. *Socio-Economic Marginality*—This may be defined as a lack of occupational and financial stability with an inability to demand goods and services.
4. *Skid Row Shared Values, Norms, Attitudes and Activities*—These include the acceptability of relying on handouts and welfare for sustenance, the passive non-involvement of drinking or sitting around and talking to the exclusion of work, the emphasis on reciprocity—sharing of any and all material resources, especially booze, and in general the rejection of middle class values.

We believed that in order to be effective, we had to focus on the behavioral needs of the whole man—the need to learn control of alcohol, to be a contributing member of a caring group, to develop economic and work skills, and to acquire increasing self-reliance and self-respect as opposed to dependence on services from social institutions.

From an awareness of these needs emerged a set of focal intervention areas or target behaviors. These were denoted as drinking behavior, social-recreational, work and political behaviors. We then delineated

*Giffen, P. J., Oki, Gustave and Lambert, S. L., *History of Treatment*. In Chapter XVI. The chronic drunkenness offender. (An Ontario study). Toronto, Ontario; Addiction Research Foundation (Unpublished).

these more specifically. We shall consider them briefly here and in greater detail in their respective chapters to follow.

1. Drinking: Target Behaviors
 - 1) Learn and practise total abstinence and, further, at the option of the resident,
 - 2) Learn and practise appropriate drinking through techniques of stimulus control (to be discussed in chapter on Drinking Behavior, p. 67). Member learns to control rather than be controlled by alcohol.
2. Social-Recreational: Target Behaviors
 - 1) Participate in formal and informal recreational events.
 - 2) Make good use of leisure time.
 - 3) Renew non-deviant relationships with friends and family away from Bon Accord.
 - 4) Develop new friendships at and, later on, away from Bon Accord.
3. Work: Target Behaviors
 - 1) Show punctuality and minimal absenteeism.
 - 2) Follow instructions.
 - 3) Work well with fellows.
 - 4) Do the job effectively.
 - 5) Show initiative.
 - 6) Develop specific job skills.
4. Political: Target Behaviors
 - 1) Learn and use proper committee procedures.
 - 2) Contribute to discussion.
 - 3) Offer new ideas.
5. Health: Target Behaviors
 - 1) Decrease the use of mood-modifying drugs.
 - 2) Increase responsibility for health concerns—take charge of medical appointments, personal hygiene, purchase of glasses, dentures, etc.
6. Financial: Target Behaviors
 - 1) Learn how to handle and budget money so as to afford necessary and leisure items.
7. Appearance: Target Behaviors
 - 1) Learn to have a clean and presentable appearance.

Now that we have described briefly the method and target behaviors, we shall discuss in greater detail the kinds of changes we hoped might come about as a result of participation in the program at Bon Accord.



VI . Social Behavior

Paul Green and John Murphy were in a hotel drinking. A young man approached their table and asked Paul, "Are you Paul Green?"

"Yes I am. Who are you?"

"I'm your son."

— Told by Bon Accord resident

"As for skid row friendships we could write a book about them. Personally speaking, I haven't known anyone there whom I could call a friend and don't expect any of them to attend my demise. They are more likely to be the cause of it."

— Bon Accord resident

"Where can I find a jolly woman and a good woman like your wife?"

— Bon Accord resident

"I feel fine when I'm at work but I don't know what to do with myself on days off."

— Bon Accord resident

A. J. after a return visit to skid row: "They accepted me only so long as I had money; then I was out. I was really lonely."

— Bon Accord resident

Defining the Social Behavior Goal

One of our painful memories at Bon Accord concerns a barbecue we had in the early months. It was staff-initiated and planned; staff enthusiasm carried it through. The result was a row of residents sitting silently by themselves while visitors and staff congregated separately with strained gaiety. As soon as the food was eaten the residents disappeared.

The contrast of that event with current Wednesday social evenings is remarkable. These evenings began when a group of staff spouses and

friends from the neighborhood said they were interested in visiting Bon Accord occasionally. The recreation committee enthusiastically supported the idea and made the arrangements. Now when the visitors arrive, they are greeted by residents dressed in their best who act as hosts for the evening. They teach visitors how to play pool and cards, provide refreshments and generally entertain the guests. Frequently, no staff are present.

The chief reason for the change is that staff have learned not to underestimate the social ability of the residents and not to do for them what they can do for themselves. It was not an obvious lesson. At first, it appeared to us that many of the men were lacking fundamental social interests and abilities.

Meals provide a good illustration of a common social posture. We had redesigned the farm-house kitchen to heighten its home-like atmosphere and make it a place of social interaction; yet the residents made it seem like a feeding-station. Then we observed an incident that shed new light on the situation. One man was always the first at the table when the meal was announced. He stood at his place, reaching all over the table to take large portions from each bowl of food until his plate was stacked high. If the dessert was on the table he took it too. Then he sat down to eat. He did not raise his head from the plate as he shovelled the food in. Finally, he left the table still chewing the last mouthful. There was not a word of conversation. On one occasion, however, the director's young family came for a meal. The resident found himself seated next to a seven-year-old boy. He followed his usual procedure of stacking his plate and began to eat. Then, out of the corner of his eye, he noticed the little boy was sitting silently with an empty plate; no other adult was within reach of him. For a moment the man hesitated, then continued eating. Again he hesitated; then he picked up a plate of meat and asked the boy if he wanted some. Shyly the boy nodded and the man forked a slice onto the empty plate. Only when the boy was fully served did the man return to his own plate.

This incident and others like it, taught us that the problem was not so much that the men lacked social interest but that they had been trained in the social responses of skid row, which were inappropriate at Bon Accord. Their histories indicated a diversity of backgrounds in social class and education, ranging from those born in skid row to a small number from the upper middle class. Most were from the lower middle class. Some were shy, inhibited or socially maladroit; others proved to be highly skilled socially and extroverted. But, allowing for individual differences in personality and original backgrounds, they generally demonstrated a common training in the skid row lifestyle. The behavior at meals was not surprising in view of their long experience of

institutional mass-feeding methods. In skid row institutions meals were truly a parasitic act, literally a feeding at someone else's table, and hardly conducive to happy social interaction, especially when the emphasis was on feeding the maximum number in minimal time. So at Bon Accord, residents who chatted in a relaxed way with staff in the common room would scarcely break the silence at meals.

The goal for social behavior was therefore to help men learn social responses compatible with the social value structure of larger society.

Expectations for Social Behavior

Our first objective was to enunciate the acceptable social values and norms for Bon Accord—no easy task considering the variety of contrasting lifestyles represented in larger society. Admittedly, at Bon Accord there has been some emphasis on the values of the working class and middle class to which the staff belong. We make no apology for that; we cannot deny our own values. But, in the course of exposing our values to scrutiny, we have learned their weaknesses as well as their strengths. We have discovered, also, what is positive within the skid row society—particularly its broad-minded tolerance of all sorts and conditions of people and its rudimentary questioning of the work-success ethic. The range of values which have come to be accepted at Bon Accord is the result of the encounter of a variety of systems. The basic criterion for acceptability has been: Is this behavior appropriate for life in larger society?

The enunciation of appropriate values depended at first almost exclusively on the staff models and the guests invited to the community. In order to expose residents to the values of larger society, volunteers—such as small groups of students—were invited to mix with them informally. We involved residents in social situations in the neighborhood: church services and suppers, clubs and recreational events. Outings included meals in good restaurants and hotels. For instance, the opening of the new residence was celebrated by a banquet in a restaurant, complete with white linen table cloths. On that occasion, we were amused by the obvious perplexity of other diners as they tried to figure out what kind of a group we were.

Gradually a set of social expectations emerged, defined in the constitution as follows:

Social behavior shall include members' participation in recreational, educational, and social activities within and beyond Bon Accord Farm. Appropriate social behavior shall be understood as positive participation in both organized and unorganized recreational and educational events, positive change in relationships with other members and people beyond Bon Accord.

For example, the member shall

- a) go to organized recreation events, not stay regularly at Bon Accord watching T.V.;
- b) join in communal activities at Bon Accord, not stay regularly in his own room;
- c) attend and participate actively in informal recreation, not sit regularly watching;
- d) attempt to understand and resolve old hates brought from skid row, not continue habit patterns of emotion;
- e) attempt to establish social, not only sexual, relationships with women;
- f) attempt to meet and discover new friends in the external community, not stay cooped-up at Bon Accord;
- g) learn new ways of coping with stressful situations through, for example, sports, education, and talking it out with other members.

Specifically, residents are informed they will be evaluated by their peers on meal behavior, care of rooms, conversation (e.g., skid row talk or other subjects), willingness to act as hosts for visitors, relationships with family and non-skid row friends and leaves (particularly punctuality of return and fulfilment of the intention of the leave).

The orientation meetings for new members include discussion of value systems, particularly contrasting skid row and larger society. The men have always shown a high degree of interest in this subject and demonstrated considerable ability to identify and define the various values.

Achieving Change in Social Behavior

Enunciation of values is relatively easy compared with expression of them in behavior. The first step obviously is to increase the men's involvement in situations requiring social response. The rationalizations for non-participation are legion: "I get all tongue-tied." "I haven't got decent clothes." "My nerves. . . ." In our early experience staff tended to accept the excuses and, like many "helpers," shielded the men from necessary involvement. We made phone calls for them, wrote letters, and inevitably stepped in to act as hosts when visitors arrived. Then, through some combination of fatigue and wisdom, we saw the light. Our own behavior was modified as the rewards of being needed were outweighed by the burden of requests and lack of social change in the residents. We defined a rule for ourselves: "Do not do for anyone what he can and should do for himself." If a resident wanted to make a

phone call, he either made it himself or it was not made. Arrangements for community recreation were handed over to residents. They ran into the same problems, such as fickleness of support, as the staff, but their wrath was more effective in producing behavioral change. They also were more adept at discovering acceptable forms of recreation. Staff did not withdraw. They were active participants and models in social events and tried to facilitate appropriate responses from the residents. Most important, they gave support, particularly during residents' first tentative social ventures, and they provided positive reinforcement through praise or punishment through disapproval.

During drafting of the constitution early in 1971, a community meeting discussed various forms of reinforcement for social behavior. Money rewards were strongly rejected by the residents as "childish." Their reaction was in line with the staff's conclusion that a token economy was too artificial for Bon Accord. Finally, we have relied on verbal reinforcements and the formal evaluations done at regular intervals for each resident by the recreation committee. Progress through the phases with the accompanying increased pay ranges for work is contingent upon positive achievement socially as well as in other areas of behavior. Verbal reinforcements are given as naturally as possible. An unshaven, shabbily dressed man encounters such words as "You look like a skid row bum!"* On the other hand, a man wearing newly-purchased clothes is complimented on his appearance or receives the kind of teasing recognized as complimentary: "You must have a heavy date tonight!" Like many people, particularly men, in our culture we find it easier to issue blunt rebukes than forthright compliments and so must often resort to praise screened by a jest. For the recipients a direct compliment from a man tends to be embarrassing, although it is less so from a woman.

Attendance at social events is not mandatory, but the planning process and the design of the building make it difficult for residents not to take part. Since the whole community is involved in making and implementing plans, there is a great deal of peer pressure for involvement. The building was designed so that all of the Phase 2 residents' rooms open directly onto the common room where recreational activities occur. Non-participation is awkward and embarrassing, as difficult as coming out of your room and walking through a party in which you have refused to share.

Social expectations are graded. Phase 1 men are expected at least to

*Residents once wrote an angry letter to a newspaper which printed an article on Bon Accord referring to them as "skid row bums."

attend social events held at Bon Accord. Phase 3 men are expected to be building relationships beyond Bon Accord, renewing family ties and making new friends, as well as acting as social leaders for the community. When the provincial Minister of Health visited Bon Accord, his host at dinner was a Phase 3 resident, responsible for explaining the program. The range of expected behaviors in a phase allows for individual differences in social interests and values in accord with the manifesto statement: "Every person shall have the freedom to be accepted as an individual person with his own self-identity."

The rituals of the community occurring at the assembly are intended to reflect a progressive commitment to the Bon Accord value system in all areas of behavior. In the membership ritual, the new resident signs the manifesto as his act of commitment to the community principles and then receives a handshake from all members. In the ritual of entrance into Phase 3, he is reminded of his new obligations, particularly as a residence supervisor and is presented with a key to his room, a symbol of the privacy right earned by his demonstrated social responsibility. At graduation from Phase 3 the member is honored with a dinner and presentations.

Formal evaluation and reinforcement of over-all progress in social behavior are initially the responsibility of the recreation committee, made up of four residents and one staff member. They review the member's behavior over the evaluation period (usually one month) in the specific behavioral areas according to a scale of poor to very good, and assess the change in comparison with the previous period. The resident being evaluated does not attend this meeting, but the completed form is sent to the evaluation committee which presents it to him together with the other evaluations. Problems in social interaction are discussed with the resident by the evaluation committee which also applies the appropriate formal reinforcements. His achievement in this area becomes part of the data considered in deciding about his promotion in the phasing system.

An example of the procedure for dealing with problems in social behavior is provided by the case of H. J. who was consistently overdue on leaves. After four instances of tardy returns for which he simply lost work time, H. J. was brought before the evaluation committee, reminded of the requirement of punctuality and told that he must inform the committee of his next leave and give them a time of return. He was told that the committee could discharge him if he was late. Two weeks later he took a leave without informing the committee of his plans and he was again overdue. Instead of discharging him, the committee demoted him one phase and required that future leaves be subject to the committee's approval. Within two weeks he requested

leave but again was overdue and was discharged. He reapplied and was readmitted within five days. For the next two months he requested no overnight leaves and his behavior was sufficiently positive to warrant promotion to the third phase. In the following two-and-a-half months he had a total of three leaves all of from which he returned on time. On each occasion the committee commended him for his achievement.

This particular case provides an illustration of the qualities of patience and perseverance provided by the system. If the director or any other person were required to deal with such a situation he might, through anger, fatigue, exasperation, disappointment or because of his own troubles, act too quickly. The community government system provides a safeguard against precipitate action. Men must be allowed time to change and therefore we must have a social system which is tolerant.

Positive use of leisure time is a problem for residents. Frequently, men in Phase I ask permission to work on their day off simply because they do not know what to do with free time, and in fact are often afraid of it. Recreational interests and skills they once may have possessed have been dulled by neglect. When visiting a town or city, they are familiar with only one recreational facility—the pub. To demonstrate positive uses of leisure and expand residents' ranges of interest, the education and recreation committees arrange outings for the whole community and for small groups to theatres, museums, science centres, race tracks, fairs and exhibitions. As part of each outing the group has a meal together in a good restaurant. After the event the quality of each resident's participation is judged by the committee and taken into account for his periodic evaluation.

The development of new acquaintances and friends is of critical importance for successful transition from skid row to larger society. Initially, we expect involvement with fellow members at Bon Accord, subsequently, in the surrounding neighborhood and ultimately, farther afield. Opportunities for meeting people are frequent. Visitors from the neighborhood come each week for a night of games and conversation. Other people come as customers or because of professional interest in the program, and residents are asked to show them around the community and explain its operation. Further involvement with neighbors occurs at sports events arranged by Bon Accord. These have included volley ball, hockey, baseball and recently, a very successful car rally.

The nearby village has a sufficient mélange of socio-economic groups to provide a variety of peer groups to which the men may relate. We know residents frequently spend some of their days off in town (shopping, haircuts or looking around, etc.) and, in addition, frequent the two pubs in the evening. We do not have information on the over-all

frequency and range of involvement; however, it appears that both increase the longer the men remain in the program. Sometimes a few residents are invited to staff homes, and share in picnics and other activities with families. Then, too, staff and residents will often chat socially over a glass of beer at a pub or at the Bon Accord bar. On one occasion, several men assisted in the design and construction of stage sets for the local theatre, and then acted as stage crew as well. For this, they received much public recognition especially in local newspapers. Such participation, along with the patronage of local shops, banks, services, etc., helps to obliterate the tarnished images arising from occasional incidents of intoxication in town. More important, it affords the opportunity for the men to try out their social wings and escape from periodic tension build-up within the Bon Accord community.*

*See Appendix III for a description of the response of the neighborhood to Bon Accord.



VII . Political Behavior

"We cannot judge. Who is to judge?"

—Bon Accord resident

"We are all created equal in different ways."

—Bon Accord resident

"Don't just tell me; tell the assembly!"

—One Bon Accord resident to another

The original staff of Bon Accord had a strong belief that every person has distinct and definite talents and it was of vital importance that he be enabled to express and make his particular contribution to the good of the community. This was the reason for development of a social order in which emphasis was on participation and autonomy. It seemed obvious to us that if residents were to learn to live responsibly they had to be given responsibility for their own government. There were moments when we had doubts about the residents' capability to handle the democratic procedures required for community government. In the first year, despite our convictions, we were cautious and admittedly paternalistic at times. Community government strictly did not exist then, although we had group discussion of community issues and problems. Our hope was to develop resident capabilities and government structure simultaneously.

The residents' relatively token involvement in decision-making at this stage was as much due to their reluctance as to the staff's. They were willing to legislate and theorize but were silent when it came to decisions directly affecting a particular member, especially if punishment were required. Constantly, they dumped judicial decisions on staff laps. Gradually, however, group meetings were increasingly devoted to government issues. Sometimes periods of excruciating silence stretched on interminably because residents begged off from decisions about an individual member. We realized we were encountering a carry-over of jail ethic, which prohibits finking on another inmate to a guard; the residents cast the Bon Accord staff as guards. But even apart from this, we were faced with a fundamental division between residents and staff, a "we-they" phenomenon.

Then, at the beginning of the second year, the situation reached a crisis. Two physically strong residents with reputations for violence clamped silence on the community with threats of retaliation for anyone who finked on them. Except for discussion of comfortable generalities, only staff spoke in group meetings. Then the volcano erupted. The two men returned to the farm drunk and vengeful. They cut telephone wires, reduced the kitchen to a shambles, threatened residents and staff with a gun (fortunately empty) and generally terrorized the house. About 2 a.m. two of the staff met with the solemn residents at the residents' request. They had known what was likely to happen and realized how their silence had endangered the community. One of them said, "Unless we want Bon Accord to become a jail we have to speak up!"

It was only a small step but one in the right direction. It led to the decision to provide more opportunities for speaking up on subjects less threatening than the use of alcohol and other drugs. Monthly meetings were held to discuss wages and promotions in work. Administration of revenue from fines was given over to an elected resident committee with a staff advisor. Group meetings on the drinking behavior of residents still left assessment to staff but focussed on the question, "What can we all do to help this man?" Even here, the self confidence of the residents was frequently eroded by a disappointing response to their actions.

Once, despite staff warnings, they sent money to a member in trouble in Toronto to pay his fare back to the farm. The man used the money for alcohol and extended his absence for another four days. Staff recorded their doubts regarding residents' ability to make evaluative judgments. So did the residents. One of them said: "We cannot judge. Who is to judge?"

But staff judgments were fallible, too. One man, known to the residents as a notorious "lead-swinging" g was promoted and given a wage increase by the staff. The residents organized a meeting to protest.

Their action led to a decision to have promotions and wage increases presented to the community for discussion and approval. In that period too, residents began to assist with orientation of new members, they voted about fines required for intoxication, and a plan was laid down to have senior residents assist in night supervision. But even as these positive changes were occurring, at the end of the second year the director still had doubts: "These men are too immature and sick to make decisions about each other."

Nevertheless, on March 3, 1970, at the beginning of the third year, community government was formally established. The rules worked out from the beginning were brought together in a rudimentary constitu-

tion. An executive and committees were elected to report to a general assembly of all residents and staff. The treatment committee (later the evaluation committee) was called into immediate action to make a decision about a member who had been abusing barbiturates. The staff recommended discharge. But one resident turned to another and said, "Well, we can't keep quiet on this one! We have to tell what we know!" In fact, they knew a pusher_g had joined the community and had supplied the pills. The pusher's room was searched and evidence found. The committee then decided the drugged man should be kept in the community and the pusher discharged. Staff were elated; the move away from unilateral decisions by staff seemed justified. But to keep us humble, that same night another slightly intoxicated member left the community complaining loudly, "Staff here are inept, incompetent, incapable of making conclusive decisions!"

Four months after the beginning of community government the staff lost their nerve and temporarily suspended the constitution. Six men were severely intoxicated and tension was at a peak. The director took over the treatment committee's role and resolved the situation. It made some residents comfortable: "D.F.C. really put his foot down!" (Daily Log, June 23, 1970). But it was a blow to the self-confidence of community government.

It is interesting to compare this with the way a similar situation was handled a year later, after the community government had been given power to discharge men for the community's well-being, a power previously left to staff. By this time, confidence had grown in the belief that constitutional government could in fact control the community's life. The particular crisis was worse than the former because this time five out of seven resident members of the executive, all key people in the government, were either drunk or self-discharged. Therefore, only two remaining resident members of the executive met with two of the staff. Gary, chairman of recreation, did not want to get involved: "This one's too much for me!" He started to leave the room but was stopped by the other resident: "Gary, somebody has to make the decisions." Gary stayed; there was no staff take over and the community recovered its balance.

Shortly after our fourth anniversary, staff and residents during a series of conferences reworked the constitution. It was formally adopted and members signed the manifesto expressing the community's principles. The ceremony was simple and solemn because residents and staff alike knew this was real government, not a game of make-believe. Most important, it was the culmination of a co-operative effort by all community members.

The Expectations for Political Behavior

The target political behaviors for individual members were defined in the constitution as follows:

Political behavior shall include members' attendance and interaction in community government and its various committees (as outlined in the constitution). Judgment of appropriate political behavior shall consider individual actions on committees and at assembly, some of which are: initiating actions; making positive and leading comments to aid a situation; supporting and acknowledging actions and comments in a situation; not withdrawing from but responding to a situation.

The following are some examples of behaviors that are evaluated:

- a) Amount of involvement in problem-solving (providing new solutions to problems).
- b) Amount of involvement in decision-making (coming to agreement on problems).
- c) Individual ability re (a) and (b).
- d) Attending meetings willingly and participating meaningfully, instead of showing reluctance or passively accepting all decisions as routine or annoying.
- e) Learning to express feelings and ideas freely even at the risk of being ridiculed, not keeping silence and assuming everything has been said by others in the community.
- f) Learning to recognize human worth of each and every individual at Bon Accord, not accepting labels from other institutions, especially with regard to decision-making, and problem-solving.

Behavioral Change through Community Government

Through the freedom and responsibility possible in community government, men are given the opportunity to learn new ways of coping with frustrating situations. For instance, one new member objected to the rule prohibiting him from leaving the property. To him it was a jail rule, unnecessarily restricting his freedom. Yet he could choose: either he could break the rule, leave the property and possibly get drunk to show his defiance, thus opting for a short-term and destructive solution, or he could present this case to the assembly and move an amendment to change the rule. He chose the latter and succeeded in persuading the community to extend to new members freedom to leave the property. The democratic process took two weeks to complete but his belief that the community would hear him fairly enabled him to accept the delay and benefit from increased self-confidence.

On another occasion, a resident was engrossed in a television program when the evaluation chairman asked him to attend an emergency meeting. He refused and the meeting proceeded without him. Later, at the assembly, he was asked to explain his behavior. He replied that the chairman had been abrupt and rude in his manner. The assembly refused to accept his explanation and rebuked him for neglecting his duty. Some members tried to soften the rebuke, probably fearing it might send him on a drinking bout; but the majority insisted that he recognize his responsibilities to the community government. After the meeting he was overheard to say to another member, "I really was in the wrong. I could have saved myself a lot of trouble if I had admitted it in the first place!" At the next committee meeting he was the first man in the room. The feared drinking outburst did not occur.

The supervision of Bon Accord during nights and weekends is done almost exclusively by senior residents. Part of their responsibility is to record members' positive and negative behavior in the Daily Log. Sometimes there are complaints that the supervisors turn a blind eye to intoxicated behavior, especially on the part of their friends. However, this sort of cover-up, which occasionally does occur, cannot be maintained for long in a closely knit community. The evaluation committee gets wind of the behavior and questions the supervisor. Then he learns that accurate factual recording of behavior is in the best interests of all members.

Performance among supervisors varies according to their maturity, but generally it has been most satisfactory. The fear of being called a fink_g has greatly subsided as members have accepted their responsibility in government. For example, after calling in the police to assist with a member who was causing a commotion, one supervisor recorded in the Log his sense of amazement: "Everything I've done tonight is in direct contrast to my way of life in the past." Recently, the men were deeply upset when the Daily Log was stolen from the office and could not be found. It was almost as if a symbol of the community had been defiled. Someone suggested the Log be kept locked up and available for residents to read only under supervision. But the consensus was that it was better to take the risk of an open Log than to sacrifice the sense of trust in the members.

In government, where they are normally outnumbered by residents, staff can be outvoted even when they group together, despite, or perhaps because of, their generally superior ability to argue. Sometimes staff are proved wrong. Sometimes they are obviously right especially when a committee "bends over backwards to help a man." In one instance, a resident, despite a very bad record of over-drinking in the community, was promoted to a senior phase. Staff members complained

that it was an undeserved promotion. The situation was wryly reminiscent of times when residents had similarly protested staff misjudgments. In this case, the assembly refused to alter the decision, but made it abundantly clear to the man concerned that he faced serious consequences if he let them down. Never, in all his time at Bon Accord, did that man try harder to maintain appropriate behavior.

The problem of justice is of critical importance at Bon Accord. For example, at intervals, when there has been a build-up of tension in the community, we witness the occurrence of a "scapegoat" phenomenon. Over a period of time, the anger and frustration of the members (and they may be staff as well as residents) are increasingly directed towards one person. His offenses are highlighted, although in fact they may not be any worse than those of others. He undergoes social ostracism and is blamed for almost every community problem. Sometimes he is driven to the point of leaving or a group of members may conspire to have him expelled.

The role of community government in such a situation is first to bring the controversy into the open—no mean feat, since frequently there is little conclusive evidence of misbehavior and no one is prepared to lay formal charges or publicly confront the accused. When this step has been taken, if it can be, the next task is to disarm any vicious hypocrisy and attempt to achieve a just conciliation. The advantage of community government at this point is that it almost always draws in some objective people not involved in the scapegoating. Even so, they sometimes are unable to prevent "the scapegoat" being driven out. Inevitably, when he has gone, a sense of relief pervades the community and the tension is relaxed, at least temporarily.

The development and preservation of democratic government anywhere is a precarious endeavor, as history testifies. It is particularly so in a community of people previously exposed for years to authoritarian regimes where they were constantly under the surveillance and control of dominating figures. Always there is the temptation to exploit freedom for selfish ends as a Log record of a resident's feelings about clandestine drinking on a New Year's Eve testifies:

12:20 a.m. It was a false feeling about this quiet night. I hope not, but suddenly there are unmistakable signs of secret imbibing: unusual requests, strange talkativeness in the T.V. room, members going out to clear snow from their patio doors. I am too old a drunk to mistake these signs and mannerisms and I dislike being taken for an old fool by those that matter to me, and everyone matters here. But foremost, I respect Bon Accord and the people behind the program, and what they are trying to

accomplish under what surely must be discouraging results at times if my observations in the evaluation committee mean anything.

There is a saying that friendship ceases at the poker table. I believe it applies to all competitive games to some degree. The game being played here is a big one. At stake is the constitution, the community way of life. One team would soon have that way destroyed. It has a record of no wins, all losses, no ties, no goals, no hope. To win: ignore the constitution, overrule the community, take behavior lightly. The other team has the constitution to fall back on, as a handy crutch, lying dormant. It has a record of some wins, some losses, some ties, some goals, some hope. To win: work the constitution. It won't work on its own. Reinforce community life collectively.



VIII . Economic Behavior

"These drunks work well. They keep this jail running."
—Jail official.

"T.S.'s work capability was questioned. He has not worked for twenty years."
—Admission committee minutes.

"There are markets out there for us. We just have to produce and at their standards."
—Work program manager.

The Bon Accord Work Values

We have had some criticism of the Bon Accord emphasis on work as an anachronistic leftover of the protestant work ethic. Is it realistic, we are asked, to train men as workers for a society which does not need them as workers? Would it not be more appropriate to teach the constructive use of leisure?

In answer, we point out that work is only one of the behaviors emphasized at Bon Accord, and not necessarily the most important. Change in social behavior, including recreation and use of leisure, is given high priority.

Furthermore, at this stage in our country's development, we believe acceptable work performance is still highly valued in larger society. As well as the material gains, the employed man has a better self-image and is more respected than the unemployed. Many, if not most, of the Bon Accord men reflect this value system. One man said, "Working, I'm achieving something. I feel good. Idle, I figure I'm just a bum and drink to forget." A frequently heard compliment is "He's a good worker." Another man denigrated himself by saying, "I'm nothing but a damned laborer; I have no skill."

Generally, we have observed that the men are adequate workers requiring some retraining in basic work habits and upgrading of work skills. This observation is nothing new; it has been commonly made by jail and mission staff who have utilized the work ability and work willingness of the skid row inebriates.

In addition to the value of work capability for the individual member, productive work is necessary if Bon Accord is to contribute substantially to its upkeep. Ideally, the community would be financially self-sufficient. At this stage in the project's development and in the current economic situation that is too idealistic a goal. It is more realistic to define the goal as a tolerable level of financial expense to society in consideration of other forms of benefit being achieved by the community, e.g., human well-being, rehabilitation of individuals, reduction of recruitment to a deviant sub-culture, diminishing of other custodial and service costs.

If we assume that the cost of the existing system of control and services (not including detoxication units and units like Bon Accord) represents a tolerable level of financial expense then the goal of Bon Accord should be to approximate it. That cost needs to be assessed. There are many hidden services provided on the street the costs of which are difficult to determine because they are not offered by government or other organized agencies, e.g., responses to panhandling and requests for free drinks. A questionnaire used at Bon Accord indicated that about 25 forms of service were regularly used by men on the street under the old skid row system, and the actual costs of these services to society as well as the cost of petty crime associated with life on the street were surprisingly high.

It seems reasonable to expect that a productive industrial effort at Bon Accord may reduce over-all costs to a level no greater than that of existing costs of services and goods under the old system. The likelihood of continuing subsidy should be acceptable if we agree that subsidized industry is preferable to unemployment. Apart from the effects on the people concerned, there is the fact that subsidized workers produce goods and welfare recipients do not. We believe the skid row inebriate possesses an industrial capability which he can use for his own good and the good of society.

We see abundant evidence that the behavior of Bon Accord residents is affected positively by the realization that they are part of a productive industry making an essential contribution towards the continued existence of the Bon Accord community, rather than participating in work therapy or a make-work program designed to keep them out of mischief. An early example was in 1969, when a crew of seven men worked for two-and-a-half months to meet a deadline for completing the new residence and did not have a single instance of intoxication. Recently, a visitor was impressed with the resemblance of the shop to regular industry: "The men seemed to be working along at their own speed with no one cracking the whip or pushing them severely." At

times of staff illness, residents have shown readiness to take up the slack themselves and carry on with minimal supervision.

The Expectations for Work Behavior

Specific target behaviors in the work area which form the basis for evaluation include the following categories:

- Punctuality—arrives at work on time
 - takes coffee breaks of reasonable frequency and duration.
- Absenteeism—takes days off regularly (rather than spending days-off working)
 - uses proper procedures, with acceptable reasons, for sick time off.
- Acting on directions—willing and able to follow instructions.
- Work with fellows—contributes to productivity of others, takes/gives instructions well, gets along well.
- Efficiency—does job well in reasonable period of time.
- Initiative—performs tasks with minimum of supervision, looks for work when none assigned.

It is to be noted that although the men are learning skills which relate particularly to carpentry and antique restoration, it is hoped the above target behaviors are sufficiently important and general to be of use in other work situations as well.

Achieving Change in Work Behavior

The work committee evaluates a man's performance using the indices above, compares present with past behavior and suggests areas for further change. The committee can, on the basis of its assessment, recommend salary increases to the work supervisor. Work assessment, in conjunction with social-recreational and political assessments, is also utilized by the evaluation committee to decide upon promotion, demotion or no change in the phasing. These evaluations and subsequent pay changes function as a source of reinforcement in the work situation. There are, as well, informal reinforcers in the work program. Mastery of a special task or general improvement often elicits a compliment from the work supervisor or foreman, in addition to self satisfaction. There exists, as well, an implicit status-ordering among the various jobs according to the amount of skill involved. For example, when a man is first employed in the antique repair and refinishing department he is

usually assigned a low status job such as stripping paint or sanding. Demonstration of ability in these areas or promotion to a higher phase affords the right to ask for a job change (usually in the direction of a higher status position). Depending upon availability of a replacement and exigencies of production, the supervisor decides whether he will permit this change. Such changes then serve as another kind of reward.

Pride in work is frequently noted. One resident reported to the general assembly that he had been in the sales barn mixing with the customers. "I was dressed up, moving around looking at things. I am sure nobody knew I was a resident. I overheard one customer say to another, 'They really do beautiful work here.' It gave me a good feeling."

Earning money from gainful employment is an important contingency for behavioral change in work. In the first two years at Bon Accord residents received a weekly allowance. Additional work and exceptional work were recognized by payment of bonuses. After two years we changed this system to a graduated wage scale systematically related to a man's work achievement and his progress through the phases. Currently, the wage scales, 75¢ to \$1.80 an hour up to Phase 3, are still well below the going rates in regular industry. However, room and board charges are low and consequently a resident in Phase 2, for instance, can have between \$15.00 and \$20.00 of disposable weekly income after regular deductions. Phase 4 wage rates are considerably higher, depending on the work category, and they approximate the rates of regular industry.

The Bon Accord Industry

The difficulties of regular production at Bon Accord should not be underestimated. The average total length of stay has been just under four months. Short stays seriously handicap efforts to attain production goals and quality standards. Sudden self-discharges are frequent and sometimes epidemic, so an entire crew for a department may disappear within two or three days.

It is nevertheless impressive to see the quantity and quality of items produced under adequate supervision. Restored antiques and reproductions are finding ready sale in the sales barn located on the property. Sales in the fiscal/year of 1972-73 amounted to almost \$100,000, an increase of 45% over the previous year, although resident population had decreased. After nine months in the current year, sales have passed the target of \$125,000.

The decision to concentrate on manufacturing and restoration of furniture was made in 1970. Previously, along with the farm work, we

had a small furniture shop restoring antiques and making small wooden novelty items. The farming operation could employ only about one quarter of the work force in summer and less in winter. It was not appropriate work for urban men, who were the majority, and it did not provide relevant training for return to society. Consequently, the farm equipment and stock were sold to finance the expansion of the wood-working shop to provide work stations for 30 men.

Administration of the industry has remained almost exclusively in staff hands, although the community government has some influence on it. Work staff are members of the assembly; the assembly's work committee has a mediating role in issues directly affecting workers; and an assembly representative is on the staff hiring group. Intermittently, there have been periods when work crews in various departments met to set work targets for a week and to review previous achievements. Rapid changeover of personnel and pressure of time have doomed these experiments to short lives. The staff are the continuing presence, and responsibility for maintaining the meetings falls on them. Under the demands of production, work staff tend to short circuit democratic procedures. It may be that the nature of the work situation necessitates a hierarchical structure.

The Tension between the Economic and the Behavior-modification Goals

Since the sales barn opening in 1970 there has been considerable emphasis on the economic goal at Bon Accord, and a tension has existed between it and the community's goal of behavioral change. At the time the constitution was being formed, the tension was highlighted at a meeting organized on the residents own initiative. Staff were excluded deliberately "in order to assure free expression of complaints." When the chosen spokesman later reported the meeting results to the general assembly, he said the residents thought there was not a consistent approach to program on the staff's part. The staff appeared to be departmentalized. The residents were left in doubt as to whether Bon Accord was expected to be a factory with a production line or a community to help men get on their feet and back into society. In particular, there was questioning of wage evaluations. Men were unable to plan ahead because they were not included in work program planning or informed of plans. If they had such knowledge the residents would be better able to make informed decisions for themselves.

The resident chairman asked, "Do you feel certain people are only paying lip service to community government?"

Spokesman: "Yes! Some staff and residents apparently think it is a nice idea, but not really practical."

Staff member: "Community government is a new idea for staff, too. We feel a little threatened by it. You residents are a close-mouthed group. You don't let us know much about you."

Resident: "Will staff be invited to the next meeting?"

Spokesman: "The men will have to decide. At the moment most seem to think it is better to have it closed to staff."

Resident chairman: "The big thing is community government. There are decisions made by staff and the last to hear is the community government. Is Bon Accord a work program or a rehabilitation centre? Are we going to have a production line?"

Director: "In the earliest outline of the program we stated that we would not use a production line because it is depersonalizing. We have not changed our thinking about that. There has to be a work program at Bon Accord because as a pilot project we have to show that places like this can make a big contribution to their own upkeep. But our aim is first and foremost to help men build their resources for return to society and not primarily to prove how much money we can make. I must say, though, that it does not sound practical to me to expect that everyone can be in on the supervision of the work program. It just would not work. An industry has to have supervisors, and it is their job to supervise."

Spokesman: "We want supervisors. There is no question of that. But we want them to work together and be consistent. They should treat everybody fairly, not the same but fairly. For example two supervisors have different attitudes to overtime. One does not want men to work overtime, the other does. We ask for a consistent general pattern."

In their meeting the residents had accurately identified the tension between the economic goal and the behavior-modification goal and they also pointed to the means of making the tension creative—community government. With clear memories of experiences of exploitation of their labor on the street, they were asking for representation in planning and supervision that would assure fair treatment. Since that time, the work committee with its elected resident and staff members has, in large measure, answered the request for protection of workers' rights. Work

staff have been involved in community government to assure their commitment to the over-all behavior-modification goal. Frequently, they find the double responsibility heavy, especially when production demands are high and they request that behavior-modification duties be given to other staff who are "trained for it." They complain about lost time spent in community government. However, rather than develop industrial specialists, we have preferred to keep staff involved to some extent in both aspects of the program in the attempt to create harmony.

It still remains to develop the full potentiality of residents' involvement in industrial planning and administration. Experiences of the resident chairman of the assembly sharing in interviews of applicants for staff positions are encouraging us to explore this potentiality. Admittedly, he is outnumbered by staff when it comes to a vote, and, in addition, as one resident said to the director, "Your vote is heavier than mine." Nevertheless, his contribution is invaluable. He provides us with the residents' viewpoint and is an important connection in the informal communication network. It is also a useful test of a staff applicant's ability to function in the Bon Accord community to observe his reaction to the presence and questions of a resident.

Handling of Money

The Bon Accord wage system allows residents between \$10.00 and \$35.00 of disposable weekly income, depending on their phase, job category and work achievement. The handling of this money is a critically important behavior. Frequently, the skid row value system is apparent in spending and lending practices. Money is valued for immediate, short-term benefits and saving and investment are minimal. Clichés come to mind which are admittedly not unique to skid row: "The money was burning a hole in my pocket;" "there's more where that came from." In this situation, lending is indiscriminate and often conflicts with Bon Accord's objectives. A man who is overdrinking and has used up his money for bottles and fines can easily borrow from other residents, who remain faithful to the skid row code of helping a man who is "sick"^g even though they know it may lead to his discharge from the community. Men who are leaving often borrow considerable amounts of money. In this situation, the lenders apparently regard the loan as a form of insurance against their future needs as well as an obligation under skid row morality.

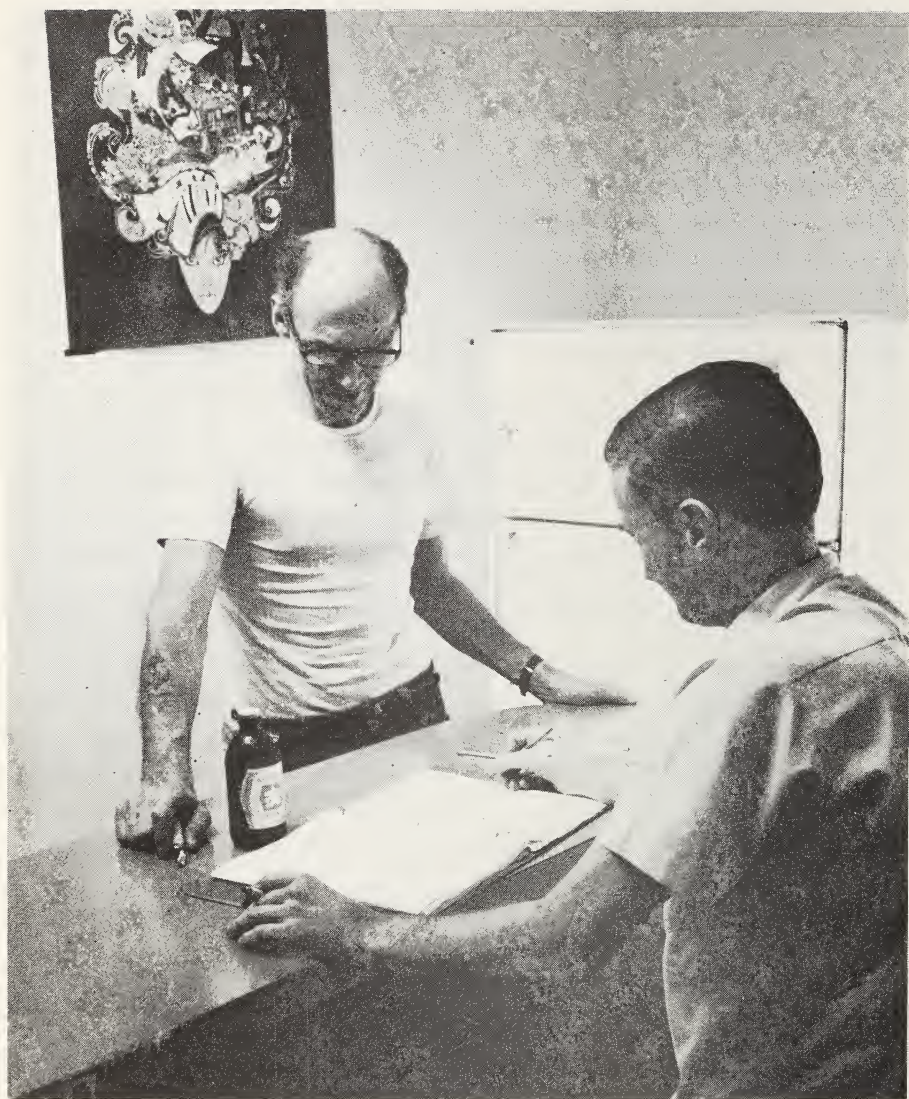
To offset the skid row ethic, Bon Accord residents are encouraged to establish progressively longer range goals for their money. At first, we put heavy emphasis on savings accounts until one member pointed out that all we were doing was enabling men to acquire "talking back money."^g He

meant they were just accumulating resources for a binge.* Now we encourage men to invest in their new lifestyle by acquiring useful possessions such as new clothes, dentures and glasses or by sending gifts to long-neglected families. A former resident who, after leaving Bon Accord, lived and worked as an accepted member of a local village community for three years, said it was a crucial point in his experience when he realized he had invested too much in his new life style to throw it away capriciously.

Another man began to bring his drinking under control when he devoted his efforts to buying a car. His perseverance in working towards the goal was remarkable. His first purchase broke down within a few weeks. One night we watched as in fury and exasperation he pushed it off the road. The expected drinking binge did not occur; instead he began to save again for another vehicle. Over the next three years the rewards of car ownership were a significant factor in keeping him gainfully employed.

Community government activities help members gain competence in budgeting and handling of money. The executive administers a community fund which provides money for social and educational events, recreational equipment and loans for members. Budgets are planned and drafted by committees for submission to the executive, and an audit is done on the fund's books every three months by elected auditors. Residence supervisors operate a little store selling tobacco and confectionery to members.

*The program assistant was told by one of the residents that putting money in the bank was a middle class phenomenon. Apparently, he placed little trust in the banking institution, possibly as a result of experiencing seized accounts.



IX . Drinking Behavior

*"How many of you residents are alcoholics?
How many of you cannot control your drinking?
How many of you have paid fines for uncontrolled
drinking?
If you can control your drinking, why are you here?
Do you think that as an alcoholic there is any hope to
control drinking?"*

—Chairman speaking to the general assembly.

*"I watched so many guys come in drunk it was my
turn."*

Bon Accord resident

Staff: "What makes you want to drink?"

*Resident: "I have got so used to drinking I don't know
why I drink. I just want to. It's habit; it's like second
nature."*

The Question of Drinking

It is of great interest to many visitors to Bon Accord that we have opted for a policy of controlled drinking. It seems that many still hold dear the belief that "once an alcoholic, always an alcoholic," which at the practical level implies that an alcoholic can never touch a drop of alcohol without dire consequences.

In the early stages, most staff subscribed to the abstinence position—not for themselves necessarily, but for the men they were working with. While intoxication met with severe disapproval and stiff fines imposed by staff, moderate drinking was usually overlooked; though sometimes concern and caution were voiced. This inconsistency generated much anger among men who were fined: why were they punished when other drinkers "got away with it?" Clearly, we had to decide upon a more consistent approach. We finally agreed that both abstinence and appropriate drinking were acceptable practices.

Several reasons influenced this decision. First, a principal aim of Bon Accord is to help residents develop autonomous behavior in a natural

environment. This indicated avoiding an externally imposed requirement of total abstinence which does not normally exist in larger society.

Second, there is a lack of definitive evidence supporting the belief that alcoholics are incapable of controlling their drinking. Theoretically, from a behavior modification viewpoint, if their problem drinking is a learned behavior it can be "unlearned" and an appropriate form of drinking learned in its place. Bon Accord offered an opportunity to investigate the theory.

Third, we noted from our own observations that one or even several drinks did not always lead to continuous drinking. Some residents would go into town, have a few beers, and return in fit condition. This finding was substantiated by the literature. Numerous studies have reported controlled drinking by alcoholics.*

Endorsing appropriate drinking is one thing; making it operational is another. We met with much opposition from the residents and some staff. The practice of residents had been excessive drinking; their belief, abstinence. The bridge of moderate drinking between these two extremes was difficult to construct and terribly shaky at times.

The initial reaction was for the residents to align themselves with one of these polar limits: either they interpreted freedom to drink moderately as license to drink excessively, or they preached die-hard abstinence and dismissed the possibility of controlled drinking (see first quotation at chapter head). Clearly it was not enough to enunciate a policy. We needed to define appropriate drinking and then prescribe a method.

Appropriate Drinking

As is often the case, it seemed easier to talk about what inappropriate drinking is. Drinking is generally defined to be inappropriate at the legal level when it occurs in illegal (public) places and is socially offensive in its consequences. It is socially inappropriate when it prevents a person from fulfilling work, social and political obligations. Physically, it is inappropriate when it impairs health. Clearly, these are not black and white distinctions. When in doubt our policy has been to ask ourselves what normal practice is in the larger society. In so doing, we have further defined appropriate drinking in the constitution in the following mainly positive and constructive terms:

- a) It enhances life rather than detracts from it.

* For example, see Cohen, Miriam Liebson, I. A. and Faillace, L.A. The modification of drinking in chronic alcoholics. In: Mello, N. K. and Mendelson, J. H., eds.: *Recent Advances in Studies of Alcoholism*. Washington, D.C.; U.S. Gov't. Printing Office, 1971; and Davies, D. L. Normal Drinking in Recovered Alcoholic Addicts. *Quarterly Journal of Studies in Alcoholism* 23:94-104, 1962.

- b) It is generally a social activity. Rarely is it a solitary practice.
- c) It occurs in the presence of people who can control their drinking and not with those who regularly drink to excess.
- d) It is a secondary activity, incidental to some other primary activity. As such it may be part of a meal, a ritual and a celebration.
- e) It uses only a small, not a large, proportion of the drinker's income.
- f) It allows a person to fulfil obligations (such as work, financial, political and social).
- g) It is not used as a response to emotional stresses (such as depression, fear, anger) and as a form of self-medication but rather to enhance joy, as in celebration.
- h) It is used when in good health, well-fed, and rested, not when overtired, epileptic or having heart trouble, etc.
- i) It is used when consideration is taken of other's feelings, not when trouble is caused, nor to show off capacity.
- j) It occurs with appropriate frequency.

Again, it must be emphasized that these delineations are useful as guidelines only. In referring to societal norms, we are often hard pressed to judge whether drinking is or is not appropriate in specific instances. For example, we argued over the acceptability of a particular resident having a few afternoon drinks before attending church in the evening. Likewise, we wonder about a man who drinks his daily quota of three beers each and every day without fail. Beyond our ignorance of what exactly prevails in "normal" society is the more significant question of freedom from addiction. We want to know in each case whether a man is free to choose to drink or not. Does a man need to drink before feeling comfortable at a church or other social gathering? Does a man need to drink to feel relaxed in the evening? Does a man need to drink before he can meet with his son? If these are answered in the affirmative, we generally conclude that drinking is not appropriate—even though we recognize that, in society, liquor is often consumed to loosen social corsets. Our aim at Bon Accord is to teach effective ways of coping with a wide variety of social, economic and psychological problems without being buttressed by excessive alcohol use.

Teaching Appropriate Drinking

Having defined the target behaviors, we shall now describe how we go about teaching them within the context of behavior modification. Let us first briefly consider skid row-type drinking—for this is the behavior we hope to modify.

Drinking on "the street" takes place anywhere and everywhere—alleys, parks, deserted trucks; anytime—morning, noon and night; includes anything alcoholic—shoe polish, shaving lotion, wine, vodka; any quantity—from ounces to quarts; and under bodily conditions including fatigue, hunger and illness. In the language of conditioning theory, drinking behavior has become generalized to many stimuli; it occurs in a great variety of non-discriminatory situations. Constraints of time, physical and psychological condition, place, quality and quantity are, for the most part, inconsequential.

Our task at Bon Accord is to teach stimulus discrimination—that is, to specify a smaller selective range of acceptable situations where drinking may occur not only with impunity but with approbation. At the same time as we are teaching appropriate drinking, we must provide for the development of greater personal self esteem through mastery in work, social, financial and recreational areas so as to decrease dependence on alcohol for satisfaction and possibly release from frustration. In other words, our aim is to create a situation where excessive drinking costs too much—one simply has too much to lose.

For the first six weeks of residence, abstinence is required because we think a man needs time to regain his physical health as well as to begin to build up a repertoire of positive achievements in other behavioral areas. Supportive drugs (Antabuse and Temposil) are available upon request to assist him in refraining. After six weeks (or promotion to Phase 2), a man must declare his choice or practice as either abstinence or appropriate drinking, though he may alter his choice or lose his drinking rights at a future time. Should a physician prescribe abstinence for health reasons (e.g. diabetes, heart condition, etc.) a resident is strongly encouraged to follow the advice. Demonstration of his ability to practise his stated belief—whether it be abstinence or controlled drinking—nets praise for the resident, and is one behavioral criterion for determining promotion to a higher phase.

What kinds of punishments are available for men who are intoxicated at Bon Accord? If the incident occurs in the evening, the residence supervisor in charge notes his condition (degree of intoxication) in the Daily Log and usually requests him to go to bed immediately so he can sleep it off. The act of bringing liquor (excepting beer) to the farm (except as allowed in the constitution) is an offense subject to a fine and confiscation. Returning to the farm in an intoxicated state is also a rule infringement and is punished. If the incident occurs during working hours, the resident is asked to return to work, provided he is able, where he is required to do menial tasks. The evaluation committee decides upon an appropriate punishment at its next regular meeting,

and this ranges from loss of drinking rights and a fine (submitted to the community fund for recreational expenses) to discharge from the community.

In addition to the negative sanctions of fines, the disgrace of hearing his name read aloud before the community from the evaluation committee minutes at the general assembly and the experienced illness, the intoxicated member receives little or no positive attention from staff and/or other residents. Our approach is, at the minimum, to show our lack of respect by not conversing with a man who has "copped out" or even more, to indicate anger and disgust. These staff reactions are augmented by teasing and even ostracism by residents. Our insistence on his returning to work as soon as possible conforms with our attempts not to pamper, but rather to assist in the recovery process and to protect the member from the continuation of drinking. It is to be noted that upon regaining sobriety, there is praise from staff and other residents for having returned to work and "persisting" and hopefully a feeling of achievement on resident's part.

Uncontrolled drinking can provide an opportunity to analyse what went wrong. This exercise is never done to elicit an apology, but rather to focus on the stimulus situation leading to the inappropriate behavior. "You're intoxicated because you drank too much" and "You drank too much, probably because you were uptight (never drink when you are under stress) and had \$20 to blow (never carry much money when you intend to drink)." We prefer to treat a man as though he were able to manage his own contingencies rather than as though he were a victim of forces beyond his control. We interpret such excuses as "there is tension in the community which forced me to drink" as cop-outs (excuses for irresponsible action). In so doing we communicate our expectation that the resident can deal with the problem rather than avoid it.

To facilitate the learning of appropriate drinking, we have set up a bar in the residence. Several restrictions apply. First, only beer is stocked;* second, one of the appointed liquor control agents records on a stock sheet beer received and given out for each resident; third, the bar is open after work hours and on holidays only; and finally, a maximum of three beers is allowed per evening or afternoon. We believe that the bar has the following utilitarian functions:

- a) It gives a man the opportunity to see whether he can restrict his drinking.

*The main reasons for this restriction are that it simplifies control (beer bottles are easy to count), and for most residents beer is not the drink most associated with overuse.

- b) It is a recreational focus where residents can chat with other residents or guests, including staff, and as such, drinking becomes a social and not a solitary practice.
- c) It is reasonable to have liquor available in an environment which is, after all, a home and which we hope approximates society at large where drinking is accepted by a vast majority.
- d) Most important, it provides a highly controlled environment with restrictions on time, place, kind and amount, where a man can learn to govern his drinking.
- e) In an experimental project to determine the ability to learn controlled drinking, it is necessary to allow for drinking.

The hope, of course, is that these external controls will become internalized so a man will, before drinking, first judge whether conditions are "right," i.e., that the situation will foster appropriate drinking rather than excessive drinking. Because the bar is a useful device for learning control, we encourage men very strongly to make use of it, especially upon the acquisition of drinking rights at the beginning of Phase 2.

We also hold orientation meetings for each phase once or twice a month in which control procedures are discussed, particularly as specified in the constitution.

Finally, another effective learning procedure is through the use of role models,* i.e., appropriate drinkers such as other residents or staff. They demonstrate social drinking at the bar, in town, at staff homes or on planned outings which frequently include a meal out together at a licensed restaurant. Staff approbation is important in such contexts as well. In providing such occasions for drinking, we are taking the ghost out of the closet and confronting it face to face.

In summary, our goal is to extinguish excessive uncontrolled drinking and substitute controlled drinking, through orientation sessions, reinforcements, and punishments, the teaching of stimulus control (where the bar is a useful starting point) and role models. Another important part of the process is the development of other personal resources to solve problems and provide satisfaction.

It is interesting to note that since we have shifted our own belief from abstinence to appropriate drinking and have devised methods of

*Bandura, Albert, *Principles of Behavior Modification*, New York; Holt, Rinehart and Winston, 1969.

teaching control (and especially the use of the bar), we find the percentage of those who now subscribe to appropriate drinking has increased from approximately 30% to about 80%. Of course, we still encounter intoxication—and sometimes severe cases—though the greater frequency of moderate drinking, especially since the bar opened, gives us confidence.

We shall discuss results of drinking at Bon Accord in greater detail in Chapter XI.



X . Physical Health

"My prime concern has been to aid healthy individuals to stay well, not to nurse the sick."

—Bon Accord nurse.

A major concern of Bon Accord is to change the residents' view of themselves as being sick and needing to be cared for. The emphasis is on building of health rather than treatment of illness. There is no medical doctor on staff, and if medical attention is required appointments are arranged with a neighborhood doctor. The staff nurse works only one-and-a-half days a week and her time is used mainly for initial interviews, record keeping, community government and maintaining the community's standards of health. Her relationship with the residents after the initial interview is informal. She avoids a professional posture and does not wear a uniform. Tender loving care is given minimally, especially to the man who appears frequently with minor physical or psychological complaints.

Alternatively, the nurse teaches the rules of health: adequate diet, regular meals, regular hours, sufficient rest, physical exercise, fresh air and participation in the social and recreational life of the community. Her interest and attention are given readily to residents who indicate concern for building health by participating in the program, making professional appointments and following through on them, carrying out their medical treatment instructions and taking medication as prescribed. She records residents' achievements in these areas for consideration by the evaluation committee in deciding about promotions in the phasing system.

Each resident is given maximum responsibility for his own physical well-being. After the first phase, he must make his own professional appointments on his own time and arrange his own transportation. If glasses or dentures are required, the arrangements and financing are his responsibility, although he may obtain loans through the community government.

Prescription medications after Phase 1 are purchased and regulated

by the resident himself. In the second phase they are kept in a communal cupboard and the nurse occasionally checks to see if they are being taken as prescribed. In the final phases, the men are in charge of storing and administering their own supplies.

It is an objective of Bon Accord to reduce use of drugs of dependency. Local doctors co-operate by discouraging requests from residents for mood-modifying drugs except in cases where they are clearly essential. Cases of illicit use of medication do occasionally occur, although generally they are uncommon, perhaps because "pillmen" are aware of Bon Accord's tapering off policy and simply do not apply. When medication abuse occurs it is subject to the same penalties as alcohol intoxication.

Use of protective drugs (e.g. Antabuse and Temposil) is on a voluntary basis. Their use is suggested particularly upon admission for the first six weeks, when the program requires abstinence as a deterrent to drinking while alternate responses are learned. During the research year 11 of the 80 residents used the drugs but we witnessed no reactions to them. Evidence suggested they stopped using them when planning to drink.

In summary, in the area of health as in the drinking, economic, social-recreational and political fields, our goal is to teach increasing self-reliance as well as to encourage alternate healthier modes of behavior. As with the other focal areas, behavioral standards are raised progressively through the phases and reinforcements include promotion, recognition and praise.



XI . Results

"I have worked on skid row and to me the Bon Accord men don't look like skid row bums. Are you sure they really were?"

—Visitor to Bon Accord

He had drunk three bottles of beer at the Bon Accord bar. He said, "I'm an alcoholic. Now I have to go to town and tie one on." He got up and went to bed.

—Reported by staff member

Mr. D. was ready for his promotion to Phase 4. He had made some furniture and bought pots, pans and dishes for the apartment he had leased. Today he told us to give it all away and then he left for Toronto.

—Bon Accord Log

He could not read or write but he did well here for a year. When he left, he said, "This has been the happiest year of my life." A month later he died drinking methyl alcohol.

—Bon Accord staff member

"Greetings to everybody at Bon Accord! Just wanted you to know I'm working and still sober."

—Former Bon Accord resident

The intensive study of the Bon Accord community, conducted between May 1, 1971 and April 30, 1972, attempted to measure the change effected in the behavior of the 80 members who were in residence for various lengths of time during that period.* It employed an intake questionnaire with 114 variables to record background data. A series on daily behavior inventory forms, which included 142 variables, was used by staff under the guidance of a field researcher to record behavior during residence. They covered the behavioral areas of drug use (includ-

*In addition six men were admitted during this period, but did not remain long enough to become members.

ing alcohol), social (recreational), political and economic behavior, as well as actions taken by the community. Outcomes of the various evaluation processes covering the respective behavioral areas were recorded (66 variables). Work time cards recorded daily the hours worked, type of work, days off, wages and deductions (11 variables).

For this report we are dealing with group data rather than individual data. Separate reports of the results are being prepared for publication which will break down the data and study the various characteristics of men with "positive," "mixed" and "negative" outcomes.

Length of Stay

The findings with respect to length of stay at Bon Accord present an extremely varied picture in virtually all aspects. For example, the range was from a minimum of two days* to a maximum of 981 days for first admissions. The resident whose first stay was 981 days had two additional stays of 132 and 22 days respectively, making a total of 1,135 days. However, the average length of stay of all admissions (a total of 432 for 299 men from February 1, 1967 to November 27, 1973)** was 74 days with a median of 63 days. Further, 79 stays (28.5%) were of 30 days duration or less while another 57 (20.6%) were between 31 and 60 days duration. On the basis of the constitution requiring a minimum stay (through the phases) of 6½ months, the over-all stays represent about 40% fulfillment.

Behavioral Change during Residence at Bon Accord

A general impression of behavioral change during residence is gained by reviewing the outcomes of the evaluation processes*** in the Bon Accord program. For this purpose we have aggregated the evaluations under the various behavioral areas.

Assessment of individual social behavior was evaluated positively for 72% of the occasions of evaluation, mixed for 20%, negatively for

*Candidates who arrived at Bon Accord but who were not admitted to trial period are not included.

**The 80 subjects in the study group were not significantly different with respect to length of stay.

***The process of reducing the comments of the evaluating committees into "positive," "mixed" and "negative" categories consisted of: first, a content analysis of the language of the evaluation forms to identify valid, useful items; second, the judging of the value of the items ("positive," "mixed," "negative") by two program staff; and, finally, the transfer of the scoring to the daily behavior inventory.

8%.* *Change* in social behavior was evaluated less favorably: 55% were improved, 40% were mixed and 5% worsened in the period between evaluations.

Drug (alcohol) use was evaluated as positive for 57% of the occasions, mixed for 18% and negative for 25%.

Political behavior was 65% positive, 27% mixed and 8% negative.

Work behavior evaluations reflected the general impression of good work performance. For 74% of the occasions it was positive, mixed for 21% and negative for 5%.

Recreational activity was evaluated positively for 70% of the occasions, mixed for 26% and negative for 4%.

The over-all evaluation which summed up members' behavior in all areas was positive for 55%, mixed for 31% and negative for 14%.

Promotions in the phasing scheme are another indication of progress in over-all behavior. There was a total of 149 promotions for the 80 residents: 71 into Phase 1, 47 into Phase 2, 23 into Phase 3, three into Phase 4 and six graduates from the program. Demotions were considered to be a very drastic form of action and occurred on only eight occasions.

Wage changes are another measure of work behavior. They occurred after regular evaluations or on request of supervisors or individual members. On 92% of these occasions raises were granted, on 6% there was no change and on 2% there was a decrease.

The Bon Accord community government was a new experience for the great majority of residents and politically they had much to learn. Thirty-nine of the 80 members were elected as chairmen of committees, 11 of these served twice, two served three times and one served five times. Their election was, of course, a requirement of community government but it was also an indication of the community's confidence in them. Each week they were expected to preside over at least one meeting of their committee and make a report to the assembly. The term of office lasted for three months. During the research year there were only four occasions when chairmen were removed from their positions by the community.

Phase 3 members were required to act as residence supervisors and

*Behavior was considered "positive" when the committee made only positive comments and when it noted that appropriate behavior was maintained or inappropriate behavior eliminated, "mixed" when behavior was judged as a mixture of appropriate and inappropriate or comments were equivocal, and "negative" when behavior was described as inappropriate according to the criteria of the phased program. The criteria according to which the committees made their judgments have been previously described in the behavior chapters.

occasionally Phase 2 men were asked to fill this position when there were insufficient Phase 3 residents. Individual members held the position on 52 occasions. There were eight occasions when members were deprived of the responsibility by community action.

In the area of drinking behavior it was found that abstinence was practised at Bon Accord on 84% of the total resident days* compared to 14% for controlled use and 2% uncontrolled. The actual number of occasions (one day or more) for abstinence, controlled and uncontrolled, were 47%, 44% and 9% respectively. Uncontrolled drinking was relatively infrequent (2%) (as compared to drinking on the street both pre and post-Bon Accord, 94% and 40% respectively) and when it did occur in 87% of the cases it lasted two days or less.

The preponderance of periods of abstinence and controlled drinking in an atmosphere where these are sanctioned also strikes hard against the loss of control doctrine.** It seems, at least in a structured setting, the skid row alcoholic can in fact drink without becoming intoxicated.

Another interesting finding from the drinking study at Bon Accord which substantiates this control ability is the frequency of occasions on which controlled drinking in fact led to uncontrolled drinking. This sequence occurred on only 4% of occasions with the more common sequences being abstinence to controlled (42%) and controlled to abstinence (40%). According to the loss of control doctrine, controlled drinking should lead to uncontrolled drinking relatively more frequently than the reverse, which it did not.

Controlled drinking and abstinence were much more prevalent at Bon Accord than on the street. Controlled drinking seldom led to uncontrolled. These findings suggest that through the structuring of contingencies for appropriate drinking or abstinence, the skid row alcoholic can learn to control his drinking behavior.

An indication of seriously negative behavior was the termination of membership warning which was given by the evaluation committee. Usually, it was an attempt to coerce a member into ending a drinking bout. He was told to be back at work by a specified hour or lose his membership. Less frequently, it was applied in other behavioral areas. It occurred on 56 occasions or less than 1% of the total 6,605 resident days.

For the 80 men in the formal study there was a total of 104 separate admissions including 15 before the study year. Fourteen stays continued

*Defined as total resident population during the 1971-72 year study period x the total number of days = 6,605.

**See references, footnote p. 68.

after the study year while 90 stays terminated during this period. Of the terminations, 63 were self-terminations involving the residents' own initiative, while another 21 were community discharges. There were three graduations during the study period and three in the continuing group after the study year.

The reasons for termination are varied and complex but in some cases the residents' drinking behavior was implicated. The data with respect to this relationship are evidence of the complexities involved, for no clear-cut pattern was apparent. For example, of the 63 self-terminations, 19 involved instances where the man was abstaining from drinking while 29 involved controlled consumption of alcohol and in only 15 cases were the men involved demonstrating uncontrolled drinking. It is also relevant to report that of the 21 terminations effected by the community, three cases involved abstinence, 12 controlled alcohol use and six uncontrolled drinking.

The small number of graduates raises the question of "the tailing-off phenomenon." This is an observation made by program staff early in our experience, namely that some members made steady progress up to Phase 3, levelled off, and then regressed, often suddenly and sharply. Some residents explained the phenomenon by saying that no matter how well they did at Bon Accord, they were convinced they "could not hack it" beyond the community. We realized that promotion to Phase 3 was of dubious ultimate value to some men. To them it meant their time at Bon Accord was nearly over, and they were not prepared to live without the support of the community. The "tailing-off phenomenon" suggests that there should be greater flexibility in the scheduling of the phases, particularly Phase 3. It also points to the need for a follow-up program after Bon Accord to provide a gradual return to larger society.

In summary, the data collected during the research year indicates a high percentage of positive behavior in all areas during the period of residence at Bon Accord. It bears out the impressions of many visitors to the community who find it difficult to believe the members have been previously known as skid row inebriates.

The Follow-up Study

The stated goal of Bon Accord was to help men change from a skid row alcoholic lifestyle to a style compatible with the values of larger society. The prevailing behaviors at Bon Accord already discussed indicate there was clear progress towards this goal by the majority of members while they were in residence. But to what extent were these behaviors maintained after the men left the community? This was the question for the follow-up study.

Previously,* we have referred to the research year, May 1, 1971 to April 30, 1972, when extensive data was collected on the 80 men who were then members. The follow-up study was conducted on these men to gather information on their behavior patterns during the year after leaving Bon Accord. Basically, the study method was to interview each man according to a standard questionnaire as near as possible to the first anniversary of his termination. The Follow-up Questionnaire was similar to the Initial Contact Form and the Application for Membership which were filled in prior to each man's admission to Bon Accord, and covered the various areas of behavior. The researcher endeavored to verify informally the answers of the interviewed men through many sources, including agencies, relatives and associates. While no systematically rigorous checks were made on the reliability or validity of the essentially self-reported data,** there appeared to be a sufficient amount of logical and internal consistency. That is, individuals' patterns and relationships (e.g. living arrangements, social affiliations and economic activities) were found to be compatible, both within the individual and the known population trends.*** Of the 80 men in the study the researcher was able to find and complete questionnaires on 74.****

In the following sections we have compared information from the Initial Contact Form and the Application for Membership with that from the Follow-up Questionnaire. The complete set of tables is unpublished. They are available for study in the files of the Addiction Research Foundation. It is anticipated that they will be eventually incorporated in ensuing reports.

Social Behavior

Follow-up information on social behavior subsequent to Bon Accord generally indicated a trend in the desired direction. The percentage of men reporting mainly or only skid row affiliations decreased from 52.5% in the intake questionnaires to 44% in the follow-up, mixed skid

*See pages 82-83

**Some checks were made through information from police, clinics, etc.

***With particular reference to the Chronic Drunkenness Offender Study findings, including the follow-up.

****Two subjects not represented in the follow-up data had died shortly after termination of membership. Four others could not be found, including two members who had been formally graduated after passing through the first three phases in a very positive manner. These two men had worked in the neighborhood for two to three months after termination and lived according to a non-skid row lifestyle during that time. When they moved to work elsewhere we lost track of them.

row and non-skid row from 27.5% to 21%, mainly or only solitary from 20% to 6%. For their pre-Bon Accord behavior no men reported their affiliations were mainly or only non-skid row. In the follow-up 20% so reported.

An increased number showed recent visits with relatives. Twice as many (42%) had visited a relative in the last month in the post-Bon Accord period compared with pre-Bon Accord (21%). Those reporting no visits in the last year were about the same (pre: 34%; post: 38%).

In the skid row society, social relationships are predominantly with other men. This observation was borne out by the intake information which indicated that only 2% of the men had current stable affiliations with two or more women. In the follow-up study, however, this figure rose to 69%. Eighty-six percent of the men reported no stable female affiliations pre-Bon Accord compared with 18% afterwards.

The trend with regard to casual female affiliations was in the opposite direction which also was the change we were trying to effect. Sixty percent reported such relationships with one or more women pre-Bon Accord. Afterwards, it was 40%. Thirty-eight percent reported no casual relationships with women pre-Bon Accord and post-Bon Accord it was 52%.

The skid row lifestyle is characterized by frequent use of hostels, missions and flophouses for sleeping accommodation. Our studies of the main type of accommodation indicated that use of hostels and missions dropped from 20% to 9%, flophouses from 18% to 6%. Use of rented rooms increased from 36% to 50%. There was some increase in accommodation in institutions (other than jail) from 4% to 12% which may be due to an increase in the number of half way houses.

Contacts with institutions set up to serve skid row people showed some increase in frequency. Those reporting contact daily or a few times a week increased from 28% to 38%.

Economic Behavior

Normally skid row inebriates are unemployed or engage in casual (part-time, temporary) work just long enough to earn drinking money and to pay for minimal physical needs. Of the group in the Bon Accord study 92% were unemployed, 6% were doing part-time, temporary work and only 1% had full-time employment immediately prior to admission.* At the time of the follow-up interview 61% were unemployed and 4% had part-time, temporary work. Of the remainder, 28% had full-time work either temporary or permanent.

*It should be observed here that in order to come to Bon Accord a man had to be unemployed or quit his job.

The duration of current unemployment was considerably longer in the pre-Bon Accord experience of the members than afterwards. This duration was one month or less for 1% of the pre-Bon Accord group and for 20% of the post-Bon Accord group. Duration of two to four months was reported by 49% before and by 14% after; five to 10 months by 15% before and 5% after; 12 months or more by 24% before and 10% after. (Regarding this last group, 12 months represents a minimum for the pre-Bon Accord data and a maximum for post-Bon Accord because of the limitations of the follow-up study.)

Of the 7% who reported being employed prior to admission, 2% reported duration of 11 months or more. Another 5% reported duration of one month or less. In the post-Bon Accord study, 12% reported duration of employment as one month or less, 9% as two to four months, 5% as five to 10 months and 4% as 12 months.*

When questioned about main source of income during the year, 31% of the men reported "steady employment" compared with 22% in the intake questionnaires. Another 14% reported "pensions and unemployment insurance" as the main source compared with 4% at intake. Most of this increase is due to men receiving unemployment insurance. Other sources showed decreases: "Casual employment" decreased from 31% to 15%, "welfare" from 28% to 21% and "illegal sources" from 6% to 1%. "Charity" showed a slight increase from 6% to 8%. Over-all, the differences are not substantial but the trend is in the right direction.

When questioned about their second source of income, the group showed little difference between their pre-Bon Accord and post-Bon Accord experiences. The only substantial differences were in the decrease of "welfare" as a second source (28% to 13%) and in the increase of the number who listed no second source (9% to 18%).

Data on total income in the past year showed a notable increase in the percentage of members with higher income after being at Bon Accord. Income of under \$1,000 was reported by 36% before and by 21% after, \$1,000 to less than \$3,000 by 47% before and 44% after, \$3,000 to less than \$4,000 by 1% before and 15% after, \$4,000 or more by 2% before and 9% after.

Drinking Behavior

A primary goal of Bon Accord has been to foster autonomous behavior in a number of key areas. To what extent have we succeeded with regard to drinking? How do we judge success? It is a difficult problem, for neither quantity in itself nor type of beverage consumed in itself nor

*The follow-up study was limited to a maximum of 12 months.

any other single factor determines goal achievement. As in the definition of appropriate drinking (see chapter IX), it is easier to define "failure." Would we not agree that if a man demonstrates "loss of control," which may be defined either as an inability to abstain from drinking or to cease once drinking has commenced, that we have indeed failed?

Let us consider and compare drinking behavior prior to arrival at Bon Accord and one year after leaving Bon Accord.

First, let us look at the data with regard to abstinence. One question posed to residents entering the Bon Accord program was, "Have you had any periods of total abstinence (not including jails, hospitals, etc.) during the previous two years?" The answers to the question were compared with those of the same group one year after leaving Bon Accord.

Approximately 20% of each group reported no periods of abstinence of one week or longer, with approximately 60% of each having two or more periods. There is little apparent difference between the groups, although it must be remembered that for the pre-Bon Accord group the duration covered was two years rather than one year and therefore one might have expected more reported periods of abstinence. With respect to the longest period of abstinence, again the post-Bon Accord group indicates a slightly longer average period, though the difference is not large (25% of pre-Bon Accord reported periods of two months or longer; for post-Bon Accord, 29%). If our only program goal was to teach abstinence, the results would indicate failure, for a stay at Bon Accord promotes neither increased frequency of abstinence nor longer periods of abstinence. However, we aimed rather to teach either abstinence or controlled drinking.

Let us now turn to some results on frequency of controlled drinking. Residents, upon arrival and one year after leaving, were asked, "Have you had any period when you drank booze and did not get drunk (when not in jail, hospital, etc.)?" "How many periods were of one week or longer in the past two years (one year for post-Bon Accord)?"

Forty-eight percent of residents indicated no control periods pre-Bon Accord in contrast to 31% post-Bon Accord. For control periods of two weeks or longer the post-Bon Accord group exceeded pre-Bon Accord by 29% (65% for "post" compared to 36% for "pre"). This difference is probably even greater when one recalls that a two-year period is specified for the "pre" group and, therefore, fewer periods would likely be recorded if the duration were the same as the "post" sample (i.e. one year). Again, the longest control period for 95% of the "pre" group sample is less than four months, for the post-Bon Accord group this percentage is 80. These results indicate the Bon Accord experience does help men somewhat to control their drinking.

Another anticipated program outcome was that the frequency and

duration of uncontrolled drinking periods would be decreased significantly. Although we do not have data from residents entering the program, we have information from a comparable group, namely the chronic drunkenness offender population (which we have shown to be equivalent to the Bon Accord group). The C.D.O. study* revealed that 92% report consistent loss of control once drinking commences. In contrast, less than 40% of Bon Accord men after leaving claim no periods of control even though the remaining group reported durations of control as two months or less. With regard to the number of drunkenness convictions, 4% of the pre-Bon Accord group claimed to have had none during the previous year, whereas 35% of the post-Bon Accord group so indicated. On the other hand, 66% of the pre-Bon Accord group report six or more convictions, for the post-Bon Accord group, this percentage is 34%.**

There are other indicators of increasing departure from skid row practices after leaving Bon Accord. First, the consumption of wine as the main beverage decreased from 80% (pre-Bon Accord) to 58% (post) with an increase in beer consumption from 11% (pre) to 56% (post). The percentage of those who still use non-beverage alcohol after Bon Accord is 50%; this compares to 78% pre-Bon Accord. Further, whereas illegal places (alleys, hostels, etc.) constitute drinking sites for 54% of the C.D.O. population,*** this percentage was 32% for post-Bon Accord residents, while legal drinking places changed from 46 to 61%. Still another change is indicated by the subscription to treatment before and after Bon Accord. This increased from approximately 25 to 75%.

In conclusion, the above data indicate that controlled drinking does in fact show some increase one year after leaving Bon Accord in comparison to that before Bon Accord. Further, uncontrolled drinking decreases, as also the number of drunk convictions, the use of non-beverage alcohol, the consumption of wine, and drinking in illegal places. Possibly with more time at Bon Accord and/or support after leaving, these trends would continue to show increase in the right direction.

Case Studies

The following studies are actual histories of former members of Bon

*Giffen, P. J. Oki, Gustave and Lambert, S. L., *Drinking History*, in Chapter XI, The chronic drunkenness offender (An Ontario Study). Toronto, Ontario; Addiction Research Foundation, (Unpublished); p. 23.

**These outcomes may have been affected by changes in police policy in favor of fewer arrests.

***Ibid, p. 9.

Accord. They have been selected to illustrate the range of outcomes from the program and the continuing needs of residents after termination.

Case Study No. 1—Mr. S.—On admission to Bon Accord Mr. S. was 42 years old. He was born and raised on an Indian reservation, in the middle of a family of five boys and five girls. His parents had a happy marriage and treated their children fairly. He was fond of his parents. His mother was very religious and a non-drinker. His father was a good provider and drank occasionally, having about one binge a year. All his brothers had drinking problems.

Mr. S. left school after Grade 9 and moved away from his home province to find work. After several jobs in Ontario cities he joined the army and saw action during the Korean War. After four years' service he was discharged. He married and had four children. His drinking problem became serious and after nine years of marriage he was separated from his wife and family and lost contact with them.

Mr. S. had his first drink at age 14 and was drinking regularly and to the point of intoxication when he was 18. In the army he drank heavily, often using all his pay on liquor. Serious loss of control began when he was 32 and he began to lose jobs because of drinking. After the break-up of his marriage he gradually slipped into a skid row alcoholic lifestyle. He served a sentence in a reformatory for assault during a drinking episode. He experienced visual and auditory hallucinations and delirium tremens. In the two years prior to his application to Bon Accord he had no steady work, was living in skid row accommodation and was in jail regularly for common drunkenness. His only family contact was with a brother who was also on skid row. His only lengthy periods of sobriety were during a stay in a Salvation Army clinic and during his reformatory sentence.

Immediately prior to his admission to Bon Accord, Mr. S. was interviewed at the Foundation's outpatient clinic and then admitted to the inpatient medical unit where he stayed for four weeks. He was a subject in a conditioned aversion therapy experiment in the medical unit. The prognosis of the referring psychiatrist in his case was "unfavorable due to his personality type ('passive dependent'), the underlying psychopathology, the long duration of his alcoholic condition and the degree of social deterioration."

His first stay at Bon Accord lasted three months. He participated well in the program, proving to be a conscientious worker and a jovial, pleasant personality. On seven leaves he was never intoxicated. The staff noticed that he kept his thoughts to himself. After the third month he left without notice and was listed as self-discharged.

One month later he returned. He had been drinking steadily since his departure. He was in poor physical condition having lost 20 pounds. He settled quickly into the community life and over the next 24 months made considerable progress. He was made a work foreman and generally carried out his duties most responsibly. He drank at regular intervals but, with two exceptions, kept it under control. He exchanged visits with some of his relatives and was very active in Bon Accord's social and recreational life. In the last month, he became depressed and complained of headaches, which the doctor attributed to tension. During a four-day drinking bout he talked about suicide. Because of neglect of duties he was demoted from his position as foreman. Finally, he was referred to the A.R.F. medical unit for medical investigation.

The medical diagnosis was that the headaches were caused by tension and Mr. S. returned to Bon Accord. Almost at once he was in conflict with other residents and began drinking inappropriately. After three weeks he was asked to look for a job and prepare to leave the community. He applied for admission to a continuing education course and was accepted. The course did not begin for four months and in this period he resumed work at Bon Accord and his involvement in the community. His social interaction improved greatly at Bon Accord and beyond it. In particular, he developed a valuable friendship with a woman in the neighborhood. He was elected chairman of the evaluation committee and also of the general assembly, was appointed as a residence supervisor and carried out his responsibilities with firmness, loyalty and enthusiasm. He controlled his drinking and eventually became abstinent. When he began his course, he hitchhiked 20 miles daily. He maintained high marks and graduated at the head of his class. Then he was "graduated" from Bon Accord and moved into a house in Elora with another former resident of Bon Accord.

After two short-term jobs, he obtained a position in Elora and kept it for the next two-and-half years, after which he moved to a new job in his native province. During his time in Elora he attended church, joined a service club and won the respect of the townspeople. He renewed his relationships with several members of his family. He drank occasionally and had a few minor "slips" but no serious problem with drinking. He maintained his affiliation with the Bon Accord community and derived help from that relationship during his periods of stress. The residents regarded him as a model, a role which he found difficult but managed to endure.

Currently, he is working in a stressful job and maintaining his sobriety. He has remarried and has step children. He is becoming well integrated in larger society in his social life.

Mr. S's total length of stay at Bon Accord was over 23 months—one

of the longest stays of all the Bon Accord residents. In his own explanation of the change in his lifestyle he pointed out that he gradually increased his investment in his new lifestyle until he reached a time when he had "too much to lose." He gave considerable credit to a woman friend who was his confidante and gave him encouragement and to Bon Accord staff who provided continuing support after he had moved out of the community.

Case Study No. 2—Mr. R. Mr. R. was 45 years old at time of admission. He was born in a small Ontario village. Only a few details of his early life are available. He completed Grade 10 and had training as a carpenter and auto mechanic. For eight years he ran his own construction company. He married, had two children and then separated.

He first began drinking regularly in the army when he was 18 and had been drinking heavily for 26 years.

In the period prior to admission, he associated with a mixture of skid row and non-skid row people, visited skid row institutions about once a week and had no casual or steady relationships with any women. His last visit to relatives had been within the last month. In the previous two years his main type of accommodation had been, in order of frequency, a camper, jail, rooms and hostels. He had served a three-and-a-half month term in reformatory for impaired driving. In the year previous to admission to Bon Accord he had six convictions for common drunkenness. In the same period his total income was less than \$2,000 obtained from casual work, pension and welfare. He was employed for four-and-a-half months in that year.

In the two years before Bon Accord, he reported six periods of a week or longer when he drank without getting drunk, the longest being between four and six months. There were two or three periods of total abstinence outside institutions, none longer than one week. He believed he could be a social drinker if he had the proper environment and if he was happy in his work.

His treatment history for alcoholism indicated that in the previous six years he had belonged to Alcoholics Anonymous for 13 months, had two periods in hospital for a total of four weeks, been in a mission for seven weeks and an A.R.F. alcoholism unit for one week.

Mr. R. spent just under three months at Bon Accord. From the beginning he showed good work ability, although work habits needed improving. Work was clearly his primary interest. He participated acceptably in social and recreational events and related to other members without difficulty. In the first month he reestablished some relationships with his family. He was elected a chairman in the com-

munity government but was criticized for being unsystematic and not living up to his leadership capability. He maintained abstinence for six weeks and had good control of his drinking for the following four weeks. Then he became intoxicated one night and was absent from work the following morning. Later in the day he returned to work. The evaluation committee fined him a day-and-a-half of pay and suspended his drinking rights. He appealed the decision but lost the appeal. Ten days later he began drinking again and left the community on his own decision.

The follow-up study indicated that in the year subsequent to his stay at Bon Accord Mr. R. was living in a medium-sized city, associated mainly with non-skid row people, lived most of the time in an apartment and visited skid row institutions less than once a month. He had no contact with any health services. At the time of interview he had had a full-time, temporary job for six weeks and had been unemployed for only two months in the year. He had had a total of 15 jobs, many of them casual work. He had held one job for three months. His total income for the year was approximately \$3,600 obtained from work and unemployment insurance. In the period previous to Bon Accord, Mr. R. had no casual or steady relationships with women. In the year subsequent to Bon Accord he had regular social association with three or more women. He reported recent involvement in non-skid row leisure activity.

The trend of these behaviors was generally in a direction away from his previous skid row lifestyle.

His drinking pattern showed an increase in periods of abstinence. He reported 10 periods of a week or more, the longest being 21 days. There were five periods when he drank once a week or more and was able to stop, the longest being 18 days.

On six occasions he was unable to stop once he had started drinking and of these the longest lasted 10 days. He drank mainly beer and mostly in legal private places. He had no convictions for drunkenness and no detoxication or other form of alcoholism treatment. Mr. R. continued to believe that he could be a controlled drinker.

It would seem likely that a follow-up program would have been of benefit to Mr. R. in helping him continue to move away from the alcoholic skid row lifestyle. He had particular need to extend his social and recreational interests.

Case Study No. 3—Mr. A. Mr. A. was born in Toronto in 1927. He completed Grade 10 in school. He married at the age of 19 in 1946. This marriage lasted until 1958. There was one son from the union, though Mr. A. has had little contact with him. Mr. A's parents were

both heavy drinkers, though his mother maintained sobriety with the assistance of Alcoholics Anonymous for the last 10 years of her life. Both parents died of coronaries (father age 56, mother 64). Mr. A's brother and sister are both social drinkers.

In 1951, Mr. A. joined the army for two-and-a-half years. During this time, he started drinking heavily and served time in Mimico reformatory. He experienced his first convulsion arising from drinking in 1961 and shortly after, he started having hallucinations, blackouts and delirium tremens. He was unable to sustain a job as a casual laborer after 1965.

Mr. A's criminal convictions were all associated with his drinking problem. The first arrest was for assault in 1949. Between 1962 and 1968 he was arrested and incarcerated 70 times for public intoxication. Other offenses for which he served time were false pretences and theft.

He first became a patient of A.R.F. in 1968, and since that time has frequently been seen in Emergency for detoxication, and as an in-patient for various studies (conditioned aversion treatment program, April 9-May 7, 1968; pancreatic function study, August 19-October 5, 1972). He was a member of Alcoholic Anonymous off and on for several years and spent one month in the Ontario Hospital in Toronto in 1968. He also used the services of Fred Victor Mission, Salvation Army and Seaton House.

Prior to his application to Bon Accord on December 15, 1970, he was a well-integrated member of skid row. His main living accommodations for two years prior to his application were hostels, missions and flophouses. His chief affiliations were with skid row men and institutions. His last visit with a relative had taken place about eight months previous and he had no steady or casual relationships with women. He had been unemployed for the previous year with income derived mainly from charity and panhandling. He was consuming approximately three bottles of wine daily, in addition to non-beverage alcohol. During the two years prior to his arrival at the farm, there were no incidences of controlled drinking which lasted longer than two or three days. There were two periods of abstinence outside of jails, hospitals, etc. and the longest of these was less than two months. In addition to alcohol, Mr. A. occasionally used prescription and non-prescription drugs obtained free of charge from friends or relatives. He felt that he could not become a social drinker.

During Mr. A's first stay at Bon Accord (December 15, 1970-February 8, 1971), it was noted that he participated well in recreational and educational events, though he seldom spoke at community government meetings. His work performance was good, and he was described as happy, kind-hearted and a little nervous and high strung. After a

positive evaluation and promotion to Phase 2, he joined in a bottle gang from Toronto which had reorganized in Elora and he was discharged after failing to reappear for more than 48 hours.

A month later, Mr. A. returned to Bon Accord and stayed for the following four months. During this stay, his work, recreational and political achievements were all positive and showed improvement. He also demonstrated greater ability to release tension in appropriate ways (through sports and social recreation). He subscribed to and practised abstinence. He left two days after beginning a drinking spree.

Mr. A. returned after a three-week absence. During the following eight weeks until September 28 he attained Phase 3 status on the basis of positive evaluation in all areas. He was noted to be an asset to the community and acted as a residence supervisor. It was observed, however, that he had no involvement or interests outside of Bon Accord. There was some relaxation of nervous tension and growth of self confidence.

Three weeks after his promotion to Phase 3, he suddenly left to go to Toronto, and 36 hours later, he returned for his pay. He was persuaded to stay, but continued to drink and was finally discharged.

When interviewed one year later, Mr. A. stated that during the year away from Bon Accord, his affiliations were mixed skid row and non-skid row people. He was living as a single man and had last seen a relative six months before. He associated with two women in social activities apart from drinking. During the year away from Bon Accord, he had held one job, though he had mainly been unemployed, with poor health given as the chief reason and drinking as the second reason. His main source of income arose from steady employment, with welfare as the second source; the average monthly income was \$100. He claimed to have used legitimate and "over the counter" drugs once a month or less, and no longer used non-prescription drugs. He had three periods of abstinence, the longest of which was 161 days. There were six periods of controlled drinking (the longest of which was one week) as compared to no controlled drinking for the two years prior to Bon Accord. In addition, Mr. A. reported nine periods of uncontrolled drinking, the longest lasting about 10 days. Beverages consumed still included non-beverage alcohol, and drinking still took place in illegal locations. Mr. A. had had seven convictions for public intoxication and nine stays at detoxication centres.

Mr. A's fourth and longest (five months) final stay at Bon Accord was from October 17, 1972—March 2, 1973. During this time, he consistently received favorable evaluations and reached Phase 3 status on February 5. He took on the responsibilities of residence supervisor and chairman of the work committee and seemed to be developing

stability. On January 29, he requested and was granted drinking rights. On February 24, he had his first drink in over four months. He continued to drink, and despite considerable effort on the part of staff and other residents to intervene, he lost control and discharged himself on March 2.

It is possible that, despite choosing the option of appropriate drinking, Mr. A. still believed that he could not drink socially. Possibly, in time he might have learned this, or selected abstinence as the better alternative. We have in Mr. A. another example of a man's remarkable achievement at Bon Accord, with some changes (in the social and economic areas) maintained later on. Mr. A. would probably have benefited from a longer stay at Bon Accord or a halfway house.

Case Study No. 4—Mr. W. Mr. W. was born in Toronto in 1924. He completed Grade 10, and after various factory jobs he joined the army at age 17. He began drinking at this time. Following active army duty for three-and-a-half years, he returned to Canada and obtained a steady job. He married in 1946 and a son was born two years later. Mr. W. spent a second period in the army from 1950-53, when he was frequently stationed away from home, though not out of the country. Following this, he learned to be an insulation mechanic and never lacked for work.

He recalled his childhood as being relatively happy; he belonged to a boys' club and participated in many sports activities. He recollected, however, that his parents fought continuously and that he never felt wanted. His mother was described as being a domineering and forceful woman, with a strict sense of propriety. His father was passive and overindulgent toward his son: he continued to give shelter, support and even paid his son's fines. Mr. W. felt a constant fear of over-dependence on his father. Both parents drank moderately, with his father becoming intoxicated periodically.

Mr. W. said his own marriage was an unhappy one, with quarrels commencing as early as the wedding night. He described his wife as critical, sarcastic and unreasonable. He had much positive feeling for his son, though he rarely saw him for fear of upsetting the child. He was often unable to make payments for the child's support.

A turning point in Mr. W's life seems to have been in 1955: he separated from his wife, lost his job and all his tools through drinking and was first arrested for public drunkenness. He started to associate with skid row institutions and also became a patient of the Addiction Research Foundation, where he still receives periodic treatment.

During the years between 1955 and 1971, Mr. W. had become firmly entrenched in the skid row lifestyle. He spent frequent periods in

jail for public drunkenness or begging or petty theft and, when not in jail, was most often drinking on the street. With regard to treatment, he spent one week at Brookside Clinic, two months at Ontario Hospital, one month at A. G. Brown Clinic, was a member of AA off and on, and was seen as an outpatient at the A.R.F. periodically (except between 1961-65, when his whereabouts were unknown). Psychiatric reports frequently alluded to his repressed hostility, lack of insight, desire to do the "right thing" and please people without wanting to get too close.

During the year prior to arrival at Bon Accord in 1971, Mr. W. had 20 convictions for common drunkenness, was living as a single man on skid row and consumed an average of two to four bottles of liquor daily, in addition to non-beverage alcohol. He also frequently used prescription drugs, which he either stole or obtained from friends. He had worked for about five months during the previous year but illegal sources constituted most of his income. He had not visited any relative for more than a year and had no female companions.

Mr. W. was admitted to Bon Accord on February 23, 1971. During the following three-and-a-half months his work, recreation and political behaviors were evaluated positively, though it was noted that he sometimes tended to be hasty and expect too much of others without contributing. He was seriously intoxicated on two occasions after his third month, and on the second of these he participated in a drinking epidemic which culminated in a spree and discharge.

In view of his generally positive achievement, he was readmitted on July 6, 1971. After six weeks, he began a drinking spree and was discharged and not permitted to reapply for three months.

He was readmitted for a third period of residence on November 23, 1971. For approximately five months, he received positive evaluations in all areas. He visited relatives, attended church, saved and paid for dentures and was noted as being a leader at Bon Accord, dependable and willing to assume responsibility. He was strongly committed to and maintained abstinence. The social area was weakest: his contacts did not extend beyond Bon Accord and he was often observed to be tense.

On August 4, 1972, he began a drinking bout which could not be interrupted and he discharged himself. It was recommended that he not be readmitted to Bon Accord but should try a halfway house.

Mr. W. was interviewed one year after leaving Bon Accord at a detoxication centre. His main type of living accommodation was given as "no fixed abode." His acquaintances were primarily skid row, with no women as social associates. He was unemployed and had held no jobs since leaving Bon Accord, with income derived primarily from pension and charitable sources. Drinking was given as the main reason for lack of employment. He reported that during the year, he had three

periods of abstinence lasting one week or longer (the longest lasting 22 days). Drinking was, for the most part, uncontrolled, with wine as the main alcoholic beverage mostly consumed in illegal places. He had been to detoxication centres several times, and had four convictions of public intoxication. He was also an outpatient at the Foundation on occasion.

It appears that Mr. W. became a fully-integrated member of the skid row culture after leaving Bon Accord. Only slight changes occurred in the area of drinking. Other achievements in the areas of work and social and recreational participation were not maintained.

In view of the long duration of heavy drinking and association with the skid row culture, it is reasonable to expect that Mr. W. would require continued long-term support at a halfway house or community like Bon Accord.



XII . Conclusions and Projections

According to research categories, the Bon Accord research project to date is best described as an exploratory study employing observational methods. We have endeavored to give explicit definitions of our objectives and methods, to monitor our actual procedures, and to record the responses of the residents, particularly during the program and, less comprehensively, after it. We do not have available to us as yet comparative data drawn from control groups or control phases within the program. In our naturalistic field setting and with a community government structure, such experimental procedures are difficult to implement. Nor do we have as yet comparisons of the Bon Accord project with other projects in different settings and/or different programs which deal with comparable populations. Such comparative studies are left for the future.

As a result of our exploratory study, we have reached some conclusions which in turn suggest future directions for the project.

1. We consider that the emphasis on resident autonomy, as expressed in community government and peer involvement in behavior modification, is a valid principle for the rehabilitation of public inebriates. We have suggestive evidence that it produces responsible behaviors within the Bon Accord community and we are encouraged by the apparent transfer of these newly acquired behaviors beyond the immediate program setting.

It is our intention, therefore, to extend the principle of autonomy by identifying present staff roles which can be taken over by residents and to develop further a graded system of community positions which incorporate staff roles.

2. Logically, the principle of autonomy should include the choice of a method of drinking control—either abstinence or appropriate drinking. The amount of appropriate drinking which has been recorded at Bon Accord encourages us to continue to study the effects of this option and to develop improved methods of learning to drink appropriately.

In an effort to elucidate our observations further, we are considering setting up a research project to compare residents' behaviors when the community is governed by three distinct policies. For example, we

might have a period of time when the policy is strict abstinence, another period of time when drinking is permitted but limited by strict community regulations concerning, for example time, place, type of beverage and amount, and a third period when residents are free to set their own limits, although, of course, the community will still have controls on excessive drinking.

3. The behavior modification approach at Bon Accord has definite advantages, particularly because it provides specific, individualized and graded target behaviors which are clear both to the individual resident and to the community, and because it requires clear definition of consequences following appropriate and inappropriate behavior.

It is our intention to involve the residents as well as staff in a more consistent and rigorous application of the behavior modification method, particularly in the identification and use of social reinforcers.

4. The industrial program at Bon Accord is a rehabilitative asset both in the sense that it enables residents to re-learn basic work skills and learn some technical skills, and also in that it tends to reinforce wage-earner behaviors, such as helping to pay their own way instead of being unproductive consumers.

The aims for the industry are to make it self-supporting and to pay wages high enough to enable the residents to pay residence fees comparable to the rates in larger society and to have a reasonable amount of disposable income. Our experience thus far with the industrial program and the rising level of productivity indicates that these may well be feasible aims.

5. In comparing Bon Accord's rural setting with a possible urban setting, the chief advantage of the former seems to be the physical separation from skid row which it provides.

It is our recommendation that consideration should be given to establishing an urban unit at some distance from the skid row area to be a supplement to Bon Accord for men wishing to return to city living, and also to provide an opportunity to study the effects of an urban setting on a similar program.

6. The observed willingness of skid row men to enlist themselves in the Bon Accord community is an indication that voluntary programs are feasible. Moreover, it is our belief that a man who knowingly volunteers for the program is readier to co-operate in his own rehabilitation than one who has been required to participate.

Because of the demonstrated, special effectiveness of Bon Accord residents and former residents in encouraging skid row men to enlist in

the program, we intend to experiment with ways of using the peer group as recruiters.

7. It is apparent that most skid row men need a lengthy stay of at least a year in a community like Bon Accord to initiate an effective social rehabilitation.

It is our intention, therefore, to provide optimal conditions for extending the length of stay and to facilitate appropriate readmissions into the program.

8. The lack of an adequate follow-up program may have been a major factor in the relapse of many former residents into a skid row lifestyle.

We strongly recommend that staff be assigned to develop and test a follow-up program consistent with the Bon Accord philosophy and to maintain a relationship with men after they leave the community.

Bon Accord Admission Criteria

The Bon Accord program is for men who are integrated into the skid row subculture as indicated by the following:

1. Alcohol Use—characterized by drinking large quantities of cheap wine, non-beverage alcohol; drinking in “bottle gangs” or alone; drinking in illegal places; frequent police involvement arising from drinking for either detoxication or incarceration.
2. Living Accommodation—living in skid row areas, in missions, hostels, flophouses, cheap rooms or sleeping outside.
3. Social Relations—mainly skid row friendships; living as a single man with no regular or normal contact with family or relatives or women.
4. Sources of Income—no full-time or steady employment in year previous to application. Sources of income have included welfare, charity, casual work, begging or theft.
5. Physical Health—no major health problems; good physical condition, capable of working 35 hours per week; less than 60 years of age.
6. Mental Health—no recent pattern of steady or prolonged treatment for psychiatric problems.
7. Violence—no recent history of violent behavior.

Membership is on a voluntary basis only. Applicants are expected to spend a minimum of one year in the program.

Note: Prior to 1972 it was required that applicants must have had at least three convictions for common drunkenness in the previous year. Because of changes in police and court practices which led to fewer arrests and convictions, this part of the Bon Accord criteria was dropped.

The Community Government—Structure and Function

1. **Eligibility**—After a two-week trial period a resident* becomes eligible for membership. The decision to recommend him for membership is made by the admission committee on the basis of positive evaluations of behavior in work and social-recreational areas and on his ability to answer the questions on the constitution. When this decision is ratified by the general assembly the member goes through a ritual of acceptance in which he publicly agrees to accept the principles and expectations of the community as laid down in the manifesto, to which he affixes his signature. He then is eligible to vote at the general assembly and to become a member of a committee.
2. **The General Assembly**—The general assembly includes all voting members—staff and residents—and is the final authority at Bon Accord for decisions immediately affecting the community.** It convenes once a week and attendance is compulsory. Its responsibilities include election of the executive and the receiving and consideration for adoption of the committees' reports. It is also a forum for discussion of complaints and suggestions. Free expression is encouraged.
3. **The Executive**—As noted above, the executive is elected by the general assembly. It consists of the chairman and secretary of the general assembly, as well as the chairman of each of the committees and in addition, one staff member. Chairmen must be in Phase 2 and higher and usually serve a three-month term, with vacant positions filled by regular election procedures at the general assembly. The executive meets weekly and its responsibilities include the drafting of the agenda for the general assembly, the appointing of members to committees, filling in at committees deficient of members, administering the monies in the community fund and often acting as hosts on formal occasions.
4. **The Committees**
 - a) **General Policies**—Committees usually meet weekly, although emergency meetings may be called at any time at the request of the chairman and one other committee member. Members are expected

*Membership is open to staff as well.

**Long term policy decisions and budgetary considerations are not under the jurisdiction of the assembly, but may be discussed and influenced by it.

to serve on a committee for the three-month period (although special requests to resign and to change committees may be granted) and then are usually placed on another committee to benefit from diverse experience. To provide for continuity and consistency in the recording of minutes, secretarial positions are generally held by staff members appointed by the executive. The decisions of any committee may be appealed in writing by any member of the community. Should the committee in question refuse to hear the appeal it may then be taken to the executive and, if rejected, finally to the general assembly. (At the social level such an appeal procedure is a safeguard for justice; psychologically, it allows for the development of an active and questioning attitude as opposed to the complacent passivity most often observed on the street.)

b) Community Functions

i) The Admission Committee:

interviews applicants and considers suitability for acceptance using criteria outlined in Appendix I;

after a two-week trial period, evaluates behavior of resident in work and social-recreational areas, and tests his knowledge of the constitution;

on the basis of the above evaluation, recommends (or not) resident to general assembly for acceptance into membership.

ii) The Evaluation Committee:

in the presence of the resident being evaluated, receives and reads aloud evaluation from work, education and recreation committees. On the basis of these reports,* as well as an assessment of drinking behavior, the committee decides whether or not advancement is in order. As such, it serves as a source of formal reinforcement;

assists and encourages member to define and carry out personal objectives;

decides upon suitable negative reinforcement for inappropriate behavior, such as fine, demotion, discharge, etc.

iii) The Education Committee:

offers assistance and encouragement in pursuing educational objectives, including job retraining programs;

*The resident is also asked to complete ahead of time and read aloud a self-evaluation in which he is asked to assess his own progress in each area and define personal needs, goals and objectives.

plans educational events for the community, such as films, outings to museums, fairs, etc.;

evaluates political and educational achievement of individual members;

assists in the orientation of new members.

iv) The Recreation Committee:

organizes recreational happenings at Bon Accord and elsewhere, including sport and social events;

evaluates social and recreational achievements of members;

appoints a liquor control sub-committee, which

appoints agents to receive and record beer purchases and act as bartenders, and

generally supervises the bar.

v) The Work Committee:

acts as buffer between management and labor—hears production goals and represents workers' concerns;

evaluates workers' progress and considers requests for new jobs.

Elora Survey on Bon Accord

"It is of some interest and concern for those involved in a residential treatment centre that their location in a particular community be as acceptable to that community as possible."

Elora Survey (unpublished)

In an attempt to determine attitudes and opinions towards staff, program, facilities, residents, etc. as influenced by such factors as type and frequency of contact, duration of residence in the village, etc., a questionnaire, as part of a larger survey, was administered by students in the summer of 1971 under the supervision of a university professor. In general, it was found the majority of the village people (55%) had no type of contact with Bon Accord at all. The incidence of contact where applicable was also infrequent, with the major kind of interaction involving business and/or social involvement. Of the small numbers (about 30%) registering any opinion about Bon Accord, most held favorable rather than unfavorable views of facilities, program, staff and residents. It is interesting to note that the longer the length of residence in Elora, the smaller the ratio of favorable to unfavorable opinions of program and members.

However, more favorable opinions are expressed with greater frequency of contact. Therefore, one goal is to elicit more interaction through business and particularly social events. The participation of Bon Accord members with people from the neighborhood in a regular weekly bowling league is a move forward in this regard.

Glossary of Skid Row Argot Used in Text

(definition by Bon Accord residents)

- blackout*—period during which one drinks and on the following day recalls nothing of what transpired during that period.
- bottle gang*—skid row group organized to share in the purchasing and consumption of alcohol.
- coasting*—drinking not to excess but steadily to keep from “getting sick.”
- con artist*—confidence man.
- the Don*—Metropolitan Toronto jail.
- do time*—spend time in jail.
- detox*—detoxication centre.
- drinking*—continuous drinking to intoxication, a binge “social drinking is not drinking!”
- fink*—“squealer,” informer, telltale.
- flop*—any place you can lay your head, preferably sheltered, especially to sleep off a drunk.
- flophouse*—run-down house in which you can rent a bed or mattress cheaply for a night.
- get the price*—raise money for purchase of a bottle.
- good for the price*—someone willing to give money for the price of a bottle.
- lead-swing*—one who does not pull his weight, malingerer.
- looney*—someone who is disturbed psychologically.
- mark*—“easy touch,” someone who can be easily taken, e.g., by gambling or begging.
- mission*—charitable institution good for a handout.
- pillman*—one who uses pills to extremes.
- pusher*—one who supplies drugs illegally.
- screw*—jail guard.
- shrink*—psychiatrist.
- sick*—difficult to define unless you have gone through it”; extreme illness and upset feeling on withdrawal from alcohol.
- the street, on the street*—a situation which implies homelessness, usually with reference to the skid row area.

taking a dive for Jesus—feigning religious conviction or undergoing conversion for material gain.

talking-back money—money for one's own drink, security to speak one's mind especially when one has enough for booze.

twenty-sixer—a 26-ounce bottle of alcoholic beverage.

wino—someone who drinks cheap wine in preference to any other alcoholic beverage; the lowest status in skid row.

